# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

08524

Reg. Dist. No. 40

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME**

Sister Mary Prudentia Albrecht

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1861

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 87 | 11 | 8 | ... hrs. ... min. |

9. Birthplace: Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER
12. Name: John N. Albrecht
13. Birthplace: Europe

MOTHER
14. Maiden name: Mary Rohe
15. Birthplace: Europe

16. Informant: Sr. Mary Clara

Address: Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 16/49 (month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Arm

18. Funeral director: Geo M. Fritz Chas

Address: 811 N Wolfe St

19. 9/15/49 (Date rec'd by registrar) 19 [signature] Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 14 19 49 at 4.20 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13, 19 49 to Sept 13 19 49 and that I last saw h. m alive on Sept 13 19 49

Immediate cause of death: Arteriosclerotic heart disease

Due to: Senility

Due to: 4200

Other conditions: 93d
(Include pregnancy within 3 months of death)

DURATION: ? yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

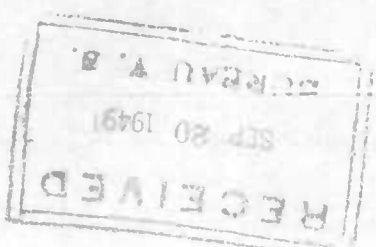
23. SIGNATURE: [signature] M. D. or other

Address: Towson, Md Date signed: 9/14/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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SEP 20 1949
U. S. BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08525

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anneslie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 631 Anneslie Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anneslie Rd.
STREET ADDRESS (If rural, give location) 631 Anneslie Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Bertram (Last) Andrews

4. DATE OF DEATH (Month) Sept (Day) 24, (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/20/1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Auto Parts
11. BIRTHPLACE (State or foreign country) Liverpool, England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Andrews
14. MOTHER'S MAIDEN NAME Mary Ellen Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT Mrs. Jessie M. Andrews 631 Anneslie Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 442 | Immediate cause | (a) Cerebral Hemorrhage | 6 days |
| 131a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio-Renal | |
| | | (c) Vascular Disease | 5 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1946 to Sept 24, 1949 that I last saw the deceased alive on Sept 23, 1949, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. O'Donnell MD
ADDRESS 301 York Rd Towson
DATE SIGNED 9/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/27/49
NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 9/26/49
REGISTRAR'S SIGNATURE H.W. Hedrick Dm
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS INC.
ADDRESS North & Pa. Aves. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

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VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08526

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood's Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Hartford
CITY (If outside corporate limits, write, RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Susana (Middle) E (Last) Baird

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 49 19

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH 5-14-1867

9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Gilden Taylor

14. MOTHER'S MAIDEN NAME Mary Ann Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mildred Bailey Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 Days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterio Sclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1949, to 9-5, 1949, that I last saw the deceased alive on 9-4, 1949, and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE James Howell (Degree or title) ADDRESS Catonsville Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Sept 7-1949

NAME OF CEMETERY OR CREMATORY North Bank

LOCATION (City, town, or county) Hartford (State)

DATE REC'D BY LOCAL REG. 9/7/49

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR F. C. Higinbotham ADDRESS Ellicott City

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SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

18527

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6905 Dunmanway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 6905 Dunmanway

3. NAME OF DECEASED (Type or Print): (First) William (Middle) E. (Last) Beard

4. DATE OF DEATH (Month) Sept. (Day) 15 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 15 1872

9. AGE last birthday: 77 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent.

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James A. Beard

14. MOTHER'S MAIDEN NAME: Elizabeth Shipe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Mittie Beard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 2 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio-Vascular disease — 10 yrs

(c)

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Amputation rt. leg due to occlusion femoral artery 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1947, to Sept. 15, 1949, that I last saw the deceased alive on Sept. 14, 1949, and that death occurred at 4 30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson L. Harbes M. D. 914 "D" st. Sparrows Point, Md. 9/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept 17, 1949 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery | LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG. Sept 16-49 | REGISTRAR'S SIGNATURE Dawson L. Harbes | 24. FUNERAL DIRECTOR ADDRESS: Roland L. Fisher, Dundalk, Md.

RECEIVED
SEP 20 1949
BUREAU T. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

18528

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY BALTIMORE STATE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY BALT. STATE MARYLAND |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESCO PARK — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESCO PARK |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 PATAPSCO ROAD | STREET ADDRESS (If rural give location) 202 PATAPSCO RD. |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JOSEPH | | BENDER | SEPT. | 18 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| M | W | | 1865 | 84 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| FARMER | FARMER | UNKNOWN | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| UNKNOWN | UNKNOWN |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| UNK | UNK. | DAUGHTER |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY OCCLUSION — 15 MIN

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DIS. — 6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| NONE | — | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| NO | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| NO m. | | |

22. I hereby certify that I attended the deceased from SEPT. 13, 1949, to SEPT. 18, 1949, that I last saw the deceased alive on NONE, 1949, and that death occurred at 11 30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James F. Markham, MD — ADDRESS Ridge Road Balt. 6 — DATE SIGNED Sept. 18, 1949

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 21-49 | Holy Redeemer | Balto 4 Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/22/49 | Lewry Russe | John F. Connelly | 418 Eastern Ave. Balto-21, Md. |

VS. A15

RECEIVED
SEP 26 1949
BUREAU T. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1-8529

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 606 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 606 E. Joppa Rd

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) W (Last) Black

4. DATE OF DEATH (Month) Sept. (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 4 1857
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant - retired 30 yrs.
10b. KIND OF BUSINESS OR INDUSTRY Store + Post Office
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Black
14. MOTHER'S MAIDEN NAME Martha Grubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Saml. W. Black

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 443 | Immediate cause | (a) myocardial decompensation | 1 yr. |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis & Hypertension | unb. |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1949, to Sept 2, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE Hunt. Green (Degree or title) J. M. D. ADDRESS Towson - 4 - Md - DATE SIGNED 9/3/49

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify)
DATE THEREOF Sept. 6, 1949
NAME OF CEMETERY OR CREMATORY David Ridge
LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 9/8/49
REGISTRAR'S SIGNATURE W. Carroll Van Horn Deputy Local
24. FUNERAL DIRECTOR Landon M. Brooks, ADDRESS Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

RC 18530

Reg. Dist. No. 4C9

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

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VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1536 Woodyear St.

3. NAME OF DECEASED (Type or Print): (First) LEONARD (Middle) (Last) BONDS
4. DATE OF DEATH: (Month) September (Day) 24 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-3-1886
9. AGE last birthday: 63 yrs. | If under 1 year: Mooths. Days | If under 24 hrs.: Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE BONDS
14. MOTHER'S MAIDEN NAME: Rosie Monroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 217-12-4742
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Hypertensive Cardiovascular renal Disease — unknown
Antecedent cause(s)
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia — unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Sept. 24, 1949, ~~that I last saw the deceased alive on Sept. 24, 1949~~, and that death occurred at 9:40 P m., from the causes and on the date stated above.

SIGNATURE M. B. Kehoe M.D. (Degree or title) ADDRESS DATE SIGNED

M.B. KEHOE, M.D. OFFICER OF DAY VETS. ADM. HOSP. FORT. HOWARD, MD. 9-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE | NAME OF CEMETERY OR CREMATORY: Balto.National Cemetery | LOCATION (City, town, or county) (State): 5501 Frederick Ave.Balto.Md.

DATE REC'D BY LOCAL REG. 9-27-49 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Thos. Kelson 1303 Presstman St.Balto.Md.

22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08531

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Maryland
LENGTH OF STAY (in this place) 192 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 620 N. Caroline Street

3. NAME OF DECEASED (Type or Print) (First) SAM (Middle) BROWN (Last)

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/26/94
9. AGE last birthday 55 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nansemont Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Brown
14. MOTHER'S MAIDEN NAME Vertley Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Registrar's Office, V.A.H. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) PULMONARY TUBERCULOSIS | Unknown |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Tuberculosis of genito-urinary tract | Unknown |
| | (c) | |

002
13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1949, to Sept. 5, 1949, that I last saw the deceased alive on Sept. 5, 1949, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

SIGNATURE A.C. Newnam, M.D. (Degree or title) ADDRESS V.A.H., Fort Howard, Maryland DATE SIGNED 9/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 8-49
NAME OF CEMETERY OR CREMATORY National Cemetery
LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 9/7/49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Choy O. Wilson ADDRESS 1000 Brantly ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

68532

# CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton - Rural | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Carmel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton Rural
STREET ADDRESS (If rural give location) Mt Carmel Road

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Cleveland (Last) Bull.

4. DATE OF DEATH: (Month) September (Day) 24 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: February 13, 1886 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. | 10b. KIND OF BUSINESS OR INDUSTRY: Agriculture | 11. BIRTHPLACE (State or foreign country): Parkton Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Bull | 14. MOTHER'S MAIDEN NAME: Mary Frances Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) — | 16. SOCIAL SECURITY No. | 17. INFORMANT: Mrs Lula Bull.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion. — Interval between onset and death: 2 hours

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease. — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1947, to Sept 24, 1949, that I last saw the deceased alive on Sept 24, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Joseph E Bull md | Hampstead md | 9/24/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. | DATE: Sept 27 1949 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel | LOCATION (City, town, or county) (State): Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG. Sept 24 '49 | REGISTRAR'S SIGNATURE: Leicester L Fielding | 24. FUNERAL DIRECTOR: J. Jacob Harlenstein | ADDRESS: New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08533

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH**
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 5 mo-20 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ?
STREET ADDRESS (If rural, give location): ?

**3. NAME OF DECEASED (Type or Print)**: (First) George — (Middle) - — (Last) Burfeind

**4. DATE OF DEATH**: (Month) 9 - (Day) 13 - (Year) 1949

**5. SEX**: male

**6. COLOR OR RACE**: white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)**: Widowed

**8. DATE OF BIRTH**: 5-30-1882

**9. AGE last birthday**: 67 yrs. — If under 1 year: Months 3 | Days 14 | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: ?

**10b. KIND OF BUSINESS OR INDUSTRY**: ?

**11. BIRTHPLACE (State or foreign country)**: New York City

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: ?

**14. MOTHER'S MAIDEN NAME**: ?

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)**: unknown
(If year, give war or dates of service): ?

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT AND ADDRESS**: Hospital records

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cardio-respiratory failure | 1 hour |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Intestinal obstruction and peritonitis, due to | 5 days |
| | (c) volvulus of sigmoid colon. | |

570.3
122 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**: 9-8-49

**19b. MAJOR FINDINGS OF OPERATION**: Caecostomy

**20. AUTOPSY?** Yes ☑ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**:

**PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)**: (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY (Month) (Day) (Year) (Hour)**: m.

**INJURY OCCURRED While at Work ☐ Not While At work ☐**

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 3-24-, 1949, to 9-13, 1949, that I last saw the deceased alive on 9-13, 1949, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Acting Superintendent, SGSH, Catonsville-28, Md. 9-23-49

**23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)**: DATE 9/26/49 — NAME OF CEMETERY OR CREMATORY: Rock Creek cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 9/24/49 — REGISTRAR'S SIGNATURE: W.E. Harry

**24. FUNERAL DIRECTOR** ADDRESS: Chambers, Wash. D.C.

VS. #15

RECEIVED
SEP 26 1949
BUREAU V. S.

(2)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08534

## CERTIFICATE OF DEATH

Reg. Diat. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ink corrections is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

(I)

**1. PLACE OF DEATH:**
County: Baltimore
City or town: Kensington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 4213 Kensington Road
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Kensington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 4213 Kensington Road
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME:** Emma E. Burgess

**3.(b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | W. | Widow |

6.(b) Name of husband or wife: late Thomas E. Burgess
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 8, 1861

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 87 | 8 | 29 | ..... hrs. ..... min. |

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business: None

FATHER
12. Name: Jeremiah Jones
13. Birthplace: Md.-

MOTHER
14. Maiden name: Ella Metcalf
15. Birthplace: Md.

16. Informant: Mrs. Ivy Hamilton
Address: 4213 Kensington Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 10/49 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Rd.

18. Funeral director: Harry H. Whittle
Address: 4101 Edmondson Ave.

19. 9/9 19 49 (Date rec'd by registrar) A. W. Hedrick Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 7/49 19 ..... at 3:47 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Febr 19 41 to Sept 7 19 49 and that I last saw h.e.r. alive on Sept 3 19 49

Immediate cause of death: Cardio Vascular degenerative disease — DURATION: 8 yrs
Due to: Arteriosclerosis — 8 yrs
Due to:
Other conditions: Bilateral Cataracts — 10 yrs.
422.1
93d
(Include pregnancy within 3 months of death)
Major findings of operations: None Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Earl Pase, M.D. M. D. or other
Address: 4001 Wilkens Ave Date signed 9-9-49

Evidence for addition in 21 shown on:

FHM No. G 122 NOV 8 1949

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08535

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hereford | LENGTH OF STAY (in this place) 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hereford.
STREET ADDRESS (If rural, give location) —

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Emory | Augustus | Burton | Sept | 12 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. |
|---|---|---|---|---|---|---|
| Male | White | Widowed | August 15-1875 | 74 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | | MD | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Edmund Burton | Sherman |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| yes | None | Herman C. Burton |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| Accident | Farm | Parkton | Balto. | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY Ooccur? |
|---|---|---|
| Sept - 12, 1949 4 P.M. | | Tractor overturned + pinned him down a bank into a small stream it so that his head was held beneath the water and mud |

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 P.M., from the causes and on the date stated above. [9/8/49 also]

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A. M. France | M.D. | Parkton Md. | 9-13-49. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Sept 15-1949 | Fosters | Monkton | MD |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Sept 13, 1949 | Mrs Howard S. Markline | Howard S. Markline, Whitehall Md | |

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.

08536

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 12

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5108 Shelbourne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Balto Co. Md.
STREET ADDRESS (If rural, give location) 5108 Shelbourne Rd.

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) (Last) Burton

4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1949

5. SEX F Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mar 24 1867
9. AGE last birthday 82 yrs. If under 1 year Months 5 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Grimes
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Blanch Decker 2329 Frederick Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinoma of colon | 6 months |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) none | |
| | (c) | |

153
46 e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to Sept 23 1949, that I last saw the deceased alive on 9/23, 1949, and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE Benjamin Miller MD (Degree or title) ADDRESS 2830 Wilkens ave DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-26-1949
NAME OF CEMETERY OR CREMATORY Providence Cemetery
LOCATION (City, town, or county) Baltimore Co. Md. (State)

DATE REC'D BY LOCAL REG. 9/26/49
REGISTRAR'S SIGNATURE Stw Hedrick Dm
24. FUNERAL DIRECTOR Elmer W. Conklin ADDRESS 924 E Eager St Balto 2 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2030 Wilshire Ave

Dr. Benj. Miller

BALTIMORE CITY HEALTH DEPARTMENT

# CERTIFICATE OF DEATH

(OVER)

BIRTH NO.

Registered No. 08537

1. NAME OF DECEASED (Type or Print): Marie Busch

2. DATE OF DEATH: Sept 9-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 9512 Harford Rd

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto City
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 419 E Fort Ave

D. STREET ADDRESS (If rural, give location)

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED (Specify)~~: ~~Single~~

8. DATE OF BIRTH: Sept 21 1887

9. AGE (In years last birthday): R ~~62~~ 61 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Jwengst

14. MOTHER'S MAIDEN NAME: Pauline Richter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth Wade — ADDRESS: 419 E Fort Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Pancreas

DUE TO

157

ANTECEDENT CAUSES

469

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 1949

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Pancreas

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Sept 9, 1949, *that I last saw the deceased alive on* Sept 9, 1949 *and that death occurred at* 9:50 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis Krause M. D.

23B. ADDRESS: 11 E. Chase St

23C. DATE SIGNED: Sept 10-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-12-49

24C. NAME OF CEMETERY OR CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Richie Hgy

DATE RECEIVED BY LOCAL REGISTRAR: 9/12/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

25. FUNERAL DIRECTOR: Edward Foulson — ADDRESS: 2359 Wash Blvd Balto Md

VS 150

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

08538

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Millers Island Rd — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Point MARYLAND — LENGTH OF STAY (in this place) 12 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Miller Island Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Point Md — STREET ADDRESS (If rural, give location) Millers Island Rd

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Charles. | I | Callahan | Sept. | 12 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | Feb. 25 1877 | 72 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Dealer | Auto | Maryland | |

13. FATHER'S NAME: Peter Callahan

14. MOTHER'S MAIDEN NAME: Anna Weisgerber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. A.J. Kleff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20-30 min.

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J.J. Davis MD | Dep. Med. Exam. Balto Co. | Towson 4 Md | 9/12/49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 9-14-49 | St. Mary's Govans | Baltimore | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/13/49 | W.W. Leduc | John R. Moran | 3000 E. Balt. St. |

VS. A15A

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(08539)

# CERTIFICATE OF DEATH

Reg. Dist. No. 39

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural)
STREET ADDRESS (If rural give location) Monkton - Shepherd Rd.

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Cornelius (Last) Campbell
4. DATE OF DEATH: (Month) September (Day) 26 (Year) 1949

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-28-1884
9. AGE last birthday: 65 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Charles Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Campbell
14. MOTHER'S MAIDEN NAME: Margaret Chisley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mary Simpson, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Congestive heart failure — Interval Between Onset and Death: 6 months

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Arrhythmia — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 April, 1949, to 26 September, 1949, that I last saw the deceased alive on 26 September, 1949, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kees (Degree or title): M. D. ADDRESS: Cockeysville, Md. DATE SIGNED: 26 Sept. '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept 30, 1949 | NAME OF CEMETERY OR CREMATORY: St. Joseph's | LOCATION (City, town, or county) (State): Texas Maryland

DATE REC'D BY LOCAL REG.: 9/27/49 | REGISTRAR'S SIGNATURE: Anna Price | 24. FUNERAL DIRECTOR ADDRESS: London M. Brooks

VS. A15

RECEIVED
SEP 29 1949
BUREAU F. B.

08540

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY: Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Md. COUNTY: Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stonleigh |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7003 York Rd. | STREET ADDRESS (If rural, give location): 7003 York Rd. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) SARAH | (Middle) B. | (Last) CAUSEY | 4. DATE OF DEATH | (Month) Sept. | (Day) 13, | (Year) 1949 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Dec. 2, 1862 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Balto. Co., Md. | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME: Uriah F. Causey | 14. MOTHER'S MAIDEN NAME: Angeline Rawlings | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Grace C. Evans 7003 York Rd. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 151 Immediate cause | (a) Carcinoma of the stomach | 10 Months |
| 46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) arteriosclerosis (Generalized) | 4 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 1/4, 1944, to 9/13, 1949, that I last saw the deceased alive on 9/12, 1949, and that death occurred at 8:15 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W. Grafton Hersperger | | 214 Medical Arts Building | 9/13/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9/16/49 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. | LOCATION (City, town, or county) (State): Pikesville, Md. |
| DATE REC'D BY LOCAL REG.: 9-16-49 | REGISTRAR'S SIGNATURE: W. W. Hedrick | 24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS | ADDRESS: Balto., Md. |

✓ ok

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08541

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase, Md.
LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase, Md.
STREET ADDRESS (If rural give location) Eastern Ave. Box 624 Route 14 Balto. 20

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) E. (Last) CHRIST
4. DATE OF DEATH (Month) Sept. (Day) 20 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 7th, 1884
9. AGE last birthday 65 yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Penna R.R.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John A. Christ
14. MOTHER'S MAIDEN NAME Margaret Diacont
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 717-07-7007
17. INFORMANT Mrs. Charles E. Christ

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral arteriosclerosis | 4-5 yrs. |
| | (c) | |

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Baltimore Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 1949, to 9/20, 1949, that I last saw the deceased alive on 9/20, 1949, and that death occurred at 1130 P m., from the causes and on the date stated above.

SIGNATURE A Lewis (Degree or title) Kolodny MD ADDRESS 45 Edgewater Baltimore Md DATE SIGNED 9/21/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 9/23/49
NAME OF CEMETERY OR CREMATORY Ebenezer Methodist
LOCATION (City, town, or county) Chase, Md. (State)
DATE REC'D BY LOCAL REG. 9/22/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08542

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest towo) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
STREET ADDRESS (If rural give location): Garrison Road

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M. (Last) Cole

4. DATE OF DEATH: (Mooth) Sept. (Day) 2, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 7, 1881

9. AGE last birthday: 68 yrs. — If under 1 year: Mooths / Days — If uoder 24 hrs.: Hours / Mio.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T. Myers

14. MOTHER'S MAIDEN NAME: Kate Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Rezen B. Cole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Cerebral Hemorrhage — 10 Minutes

93d Antecedent cause(s) Diseases or cooditions, if any, giviog rise to the above cause stating the uoderlying cause last (b) Hypertensive Cardio-Vascular Disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Cooditions cootributiog to the death but oot related to the disease or condition caueing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1948, to 9/2, 1949, that I last saw the deceased alive on 9/1, 1949, and that death occurred at 7:00 Am., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 9/3/49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, towo, or county) (State) |
|---|---|---|---|
| Burial | Sept. 5, 1949 | Carrolls Chapel | Baltimore Co. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 9-4-49 | Mary B. Eline. | J.F. Eline & Sons, Reisterstown, Md. |

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

BC 18543

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

**1. PLACE OF DEATH**
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1623 N. Calhoun Street ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| STANLEY | - - | COLE | Sept. | 13 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | Married | 7-16-95 | 54 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stanley Cole
14. MOTHER'S MAIDEN NAME: Martha Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 218-22-0466
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.8 **Immediate cause** (a) Secondary Adenocarcinoma of liver & mesenteric lymph nodes, primary site unknown — Interval Between Onset and Death: 9 Months

**Antecedent cause(s)**

552 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 8-26, 1949, to 9-13, 1949, that I last saw the deceased [illegible] and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. — (Degree or title): Chief Pro. Ser. — ADDRESS: VAH, Ft. Howard, Md. — DATE SIGNED: 9-14-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 9-16-49 | Baltimore National | Baltimore, Md. |

DATE RECD BY LOCAL REG: 9/15/49 — REGISTRAR'S SIGNATURE: A.W. Medical

24. FUNERAL DIRECTOR: Charles R.Law, 802 Madison Ave., Balto., Md. — ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

08544

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2309 Ruth ave Edgemer

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md
STREET ADDRESS (If rural, give location) 2309 Ruth ave Edgemer

3. NAME OF DECEASED (Type or Print) (First) Isiah (Middle) (Last) Coleman

4. DATE OF DEATH (Month) Sept (Day) 3 (Year) 1949

5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar 15-1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Steel Mill
11. BIRTHPLACE (State or foreign country) N C
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Coleman
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-07-8972
17. INFORMANT Agnes Tucker 2309 Ruth ave Edgemer

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Coronary Occlusion | 5 min. |
| 94a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J M Davis MD (Degree or title) ADDRESS Dept Med. Examiner Dundalk-22-Md DATE SIGNED 9/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/7/1949
NAME OF CEMETERY OR CREMATORY Mt Calvary Tem
LOCATION (City, town, or county) A. A. Co (State) Md.

DATE REC'D BY LOCAL REG. 9/6/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Rayner Sanders ADDRESS 1412 E. Preston St

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08545

# CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland
LENGTH OF STAY (in this place) 79 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural give location) 3 mi. West of Freeland.

3. NAME OF DECEASED (Type or Print) (First) Franklin (Middle) Thomas (Last) Cooper.
4. DATE OF DEATH (Month) September (Day) 7 (Year) 1949.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.
8. DATE OF BIRTH January 24, 1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY Farming.
11. BIRTHPLACE (State or foreign country) Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Cooper.
14. MOTHER'S MAIDEN NAME Rebecca Walker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. James Weaver, Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Coronary thrombosis | 6 days. |
| 94a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis | |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 7, 1949, that I last saw the deceased alive on Sept 7, 1949, and that death occurred at 9:05 P.m., from the causes and on the date stated above.

SIGNATURE Paul D Shaub (Degree or title) MD ADDRESS Shrewsbury, Pa. DATE SIGNED 9-9-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 10, 1949
NAME OF CEMETERY OR CREMATORY Middletown Cem.
LOCATION (City, town, or county) Freeland, (State) Md.

DATE REC'D BY LOCAL REG. Sept 9 1949
REGISTRAR'S SIGNATURE Charles L. Fulton
24. FUNERAL DIRECTOR Jacob Hartenstein
ADDRESS New Freedom, Penna

RECEIVED
SEP 15 1949
BUREAU W. B.

Oatonsville
8610
Ell City 152
56546

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (In this place) 60 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 2nd St.

3. NAME OF DECEASED (Type or Print) (First) MAURICE (Middle) W. (Last) COSTON
4. DATE OF DEATH (Month) Sept (Day) 15 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 17 1868
9. AGE last birthday 80 yrs. If under 1 year Months 11 Days 29 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Casten
14. MOTHER'S MAIDEN NAME Josephine Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Edward Pate, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 151 | Immediate cause | (a) Intestinal obstruction | 24 hrs. |
| 46b | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Possible Carcinoma of stomach | ? |
| | | (c) Generalized arteriosclerosis | many years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1949, to Sept 15, 1949, that I last saw the deceased alive on Sept 15, 1949, and that death occurred at 3:45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lewis P. Tuesday M.D. ADDRESS Relay, Md DATE SIGNED 9/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 18, 1949
NAME OF CEMETERY OR CREMATORY Bethany Methodist
LOCATION (City, town, or county) Pocomoke City, (State) Md
DATE REC'D BY LOCAL REG. Sept 17, 49
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Henry H. Watson
ADDRESS Pocomoke City, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. A.

08547

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS " Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) MILTON (Middle) FRANKLIN (Last) CRISP
4. DATE OF DEATH (Month) Sept (Day) 20, (Year) 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 20, 1892
9. AGE last birthday 57 yrs. If under 1 year Months. 7 Days - If under 24 hrs. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME BENJAMIN FRANKLIN CRISP
14. MOTHER'S MAIDEN NAME AMELIA M. ROSENBERGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 217-05-9741
17. INFORMANT BENJAMIN FRANKLIN CRISP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) CORONARY OCCLUSION | 24 hr. |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) ARTERIO SCLEROSIS | (?) |
| | (c) DUODENAL ULCER | 10 years |

420.1
117b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1945, to Sept, 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Dalmau
ADDRESS 1413 Reisterstown Rd. Pikesville 8, Md.
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/22/49
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) Pikesville (State) Md.

DATE REC'D BY LOCAL REG. 9/21/49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St Paul St
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

217-05-9741

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

BC 08548

Reg. Dist. No. 30

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 16 yrs. 1mo. 3 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital | STREET ADDRESS (If rural, give location) 2526 Ellamont Avenue |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) LOUIS | (Middle) M. | (Last) CROMWELL | 4. DATE OF DEATH | (Month) Sept. (Day) 24 (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH January 18, 1885 | 9. AGE last birthday 64 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME Alexander Cromwell | 14. MOTHER'S MAIDEN NAME Mary C. Sullivan | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ? | 17. INFORMANT Hospital Records, Catonsville, Maryland | | | |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

344

Immediate cause (a) Acute dilatation of heart

87e

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal Hydrocephalus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl L Boyer (Degree or title) — ADDRESS 700 Fleet Street — DATE SIGNED 9-26-49

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept 27 1949 | NAME OF CEMETERY OR CREMATORY New Cathedral Cem | LOCATION (City, town, or county) Old Frederick Rd (State) |
| DATE REC'D BY LOCAL REG. 9/26/49 | REGISTRAR'S SIGNATURE N W Hedrick DM | 24. FUNERAL DIRECTOR John C Moran | ADDRESS 3000 E Balto St |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08549

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-22
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-22
STREET ADDRESS (If rural, give location) 603 Wilson Ave.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) CUTEAN

4. DATE OF DEATH (Month) Sept. (Day) 27 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 28-1917
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Building
10b. KIND OF BUSINESS OR INDUSTRY Sparrow Point
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ELI CUTEAN
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Esther CUTEAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, bilateral — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — 1944, to Sept. 27, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE M B Davis (Degree or title) MD ADDRESS 3 Kinship Court - Dundalk-22 DATE SIGNED 9/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept. 30/49 NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary LOCATION (City, town, or county) German Hill Road (State) Md

DATE REC'D BY LOCAL REG. 9/28/49 REGISTRAR'S SIGNATURE AW Hedrick
24. FUNERAL DIRECTOR Marie E. Fiatkowski ADDRESS 1000 S. Kenwood Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08550

Reg. Dist. No. 38

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Towson (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? five months.

Hospital, institution, or street address where death occurred: Mission Helper's Convent

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Towson (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1001 W. Joppa Rd. (If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME:** Sister Mary Mercedes, (Loretta T. Dailey)

**3.(b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | white | single |

6.(b) Name of husband or wife: --

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 3, 1879

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 10 | 11 | ..... hrs. ..... min. |

9. Birthplace: New York, N. Y. (Town, county, and state)

10. Usual occupation: Nun,

11. Industry or business: Convent

FATHER
12. Name: John Dailey,
13. Birthplace: Brooklyn, N. Y.

MOTHER
14. Maiden name: Katherine Mallon,
15. Birthplace: New York, N. Y.

16. Informant: Mission Helpers Convent Records

Address: 1001 W. Joppa Rd., Towson, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 17, 1949 (month) (day) (year)

Cemetery or crematory: Convent Cemetery,

Location: 1001 W. Joppa Rd., Towson, Md.

18. Funeral director: C. Vernon Lemmon.

Address: 4611 Pk. Hgts. Ave. Balto. Md.

19. 9/16/49 (Date rec'd by registrar) 19 W. Carroll Van Horn Deputy Local Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 14, 1949 19 ..., at 5.50P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1948 to Sept. 14 1949 and that I last saw her alive on Sept. 1 1949

Immediate cause of death: Carcinomatosis

Due to: Primary lesion not known

Due to: 199.8

Other conditions: 55e (Include pregnancy within 3 months of death)

DURATION: ?

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. H. Allison M. D. or other

Address: 4 Burbleigh St. Towson 4 Date signed: 15 Sept 49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

68551

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21 E
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 16 Box 384 Hyde Park Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Davis
4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1949
5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 10, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Winsboro S. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Tawney Davis
14. MOTHER'S MAIDEN NAME Sarah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mattie Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Immediate

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease — Over 3 yrs.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W M Learmine M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md 9/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 13-49
NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.
LOCATION (City, town, or county) Brooklyn Md (State)

DATE REC'D BY LOCAL REG. 9/13/49
REGISTRAR'S SIGNATURE D.W. Hedrick
24. FUNERAL DIRECTOR Elroy O. Wilson
ADDRESS 1060 Brantly Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for addition of #11,13,14,16 is on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

FILM No. G 121 SEP 21 1949

68552

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Raven; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cromwell Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Raven; STREET ADDRESS (If rural, give location) Cromwell Rd.

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) G. (Last) DOUGLAS

4. DATE OF DEATH: (Month) Sept. (Day) 8, (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 1, 1903

9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Branch Manager

10b. KIND OF BUSINESS OR INDUSTRY: Liquid Carbonic Co.

11. BIRTHPLACE (State or foreign country): ~~Fort Worth~~, Texas, Bowie.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Phillip Henry ~~Hernet~~ Douglas

14. MOTHER'S MAIDEN NAME: ? Alberta Estelle Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 212-03-0754

17. INFORMANT: Mr. Edward Piper Montrose Ave., Woodbrook Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 **Immediate cause** (a) Cirrhosis of Liver — Interval between onset and death: 1yr.

124b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1948, to Sept 8, 1949, that I last saw the deceased alive on Sept 8, 1949, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Norman R. Freeman M.D. 11 W. 25th St. Baltimore, Md 9/9/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment — DATE: 9/10/49 — NAME OF CEMETERY OR CREMATORY: Lorraine Mausoleum — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. SEP 10 1949 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

18553

# CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto Co. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Downey

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1949

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 23-187 | 9. AGE last birthday 78 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Harford Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Chas Bedsch

14. MOTHER'S MAIDEN NAME Christina Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Geo. M. Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 Immediate cause (a) Coronary Thrombosis with Acute Pulmonary Oedema — Interval between onset and death: 5 hrs.

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio Vascular Disease — 4 yrs.

(c) Diabetes Mellitus. — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

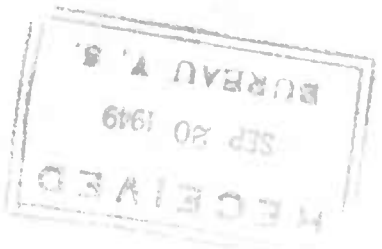
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1944, to Sept 8, 1949, that I last saw the deceased alive on Sept 6, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson | ADDRESS Fork, Md. | DATE SIGNED 9/10/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept 11-49 | NAME OF CEMETERY OR CREMATORY Trinity Fathom Cem | LOCATION (City, town, or county) Joppa Md (State)

DATE REC'D BY LOCAL REG. Sept 11-49 | REGISTRAR'S SIGNATURE C. E. Arthur | 24. FUNERAL DIRECTOR H. K. McComas & Son | ADDRESS Abingdon Md


RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

18554

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: BALTIMORE; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
   LENGTH OF STAY (in this place): 2 YRS. 24 DAS.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: THE SHEPPARD AND ENOCH PRATT HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
   STREET ADDRESS (If rural give location): 3704 CHESHOLM ROAD

3. NAME OF DECEASED (Type or Print): (First) MARGENE (Middle) BROWN (Last) DUNHAM

4. DATE OF DEATH: (Month) SEPT. (Day) 7TH (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 9, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HILLSBORO, OHIO

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: HENRY BROWN

14. MOTHER'S MAIDEN NAME: CAROLINE SHEPHERD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: HOSPITAL RECORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — 24 hrs

170

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

50

(b) Metastatic carcinoma, lungs — ?

(c) Carcinoma of the Breast — 8 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid State — 3 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST 13, 1947, to SEPT. 7, 1949, that I last saw the deceased alive on SEPT. 7, 1949, and that death occurred at 7:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry W. Woodward M.D. ADDRESS: TOWSON 4, MARYLAND. DATE SIGNED: SEPT. 7, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept. 9, 1949 — NAME OF CEMETERY OR CREMATORY: Friends Cemetery — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 9/8/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: John O. Mitchell Sons 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

68555

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosdeale
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1231 Kahler Avenue, Rosedale

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) EMILY (Last) DUNNIGAN

4. DATE OF DEATH: (Month) September (Day) 28 (Year) 19 49

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 4, 1875

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Knight

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Ernest O. Dunnigan, Son, 1231 Kahler Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 **Immediate cause** (a) Carcinoma of ovary — Interval between onset and death: 1½ yrs

49a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/18/48

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1948, to Sept 28, 1949, that I last saw the deceased alive on Sept 27, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Pokorny M.D. — ADDRESS: 2200 E Madison St — DATE SIGNED: 9/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/1/49 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 9/29/49 — REGISTRAR'S SIGNATURE: G. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Schimunek Funeral Home, Inc. 2801-3-5 E. Madison Street

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08556

Reg. Dist. No.....

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lodge Forrest — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2126 Oak Road | STREET ADDRESS (If rural give location): 2126 Oak Road, Lodge Forrest, Md. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) FREDERICK | (Middle) A. | (Last) EBERT | 4. DATE OF DEATH | (Month) September (Day) 26 (Year) 1949 |
| 5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Sept. 24, 1881 | 9. AGE last birthday: 68 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas & Elec. Co. Stock Clerk | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME: John Ebert | | | 14. MOTHER'S MAIDEN NAME: Sophia Grauling | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): MD | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Katherine Ebert, 2126 Oak Road | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.0 | Immediate cause | (a) Congestive Heart Failure | 3 months |
| | Antecedent cause(s) | | |
| 93d | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Heart Disease | ? |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Jan, 1944, to Sept 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R B Windsor | M.D. | 520 D St. Sp Pt 19, Md. | 9.26.49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 9/30/49 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery | LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md. |
| DATE REC'D BY LOCAL REG.: 9/29/49 | REGISTRAR'S SIGNATURE: A. W. Hedrichau | 24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

18557

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1yr-9mo-19da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-16
STREET ADDRESS (If rural, give location) 1724 Braddish Avenue

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Agnes | - | Edmunds | 9 - | 15 - | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| femal e | white | single | 3-le1872 | 77 yrs. | 6 | 14 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| none | none | Louisville, Kentucky | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Alfred L. Edmunds | Isabel Carter |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | | Hospital records |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 **Immediate cause** (a) acute cardiac failure

93d **Antecedent cause(s)** Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular

(c) disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death hut not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.* 3-30 Pm

| SIGNATURE | (Degree or Title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Geo. W. Kieffer | M.D. Resident Phys. Balto | 1010 Leeds Ave | Sept 15 49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 9-19-49 | Lorraine Park | Woodlawn, | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/16/49 | A.W. Hedrick Dir | G. Howard Strong | 3207 W. North Ave., |

VS. A15A

68558

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 38

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred: Presbyterian Home of Md.

How long in hospital or institution? 8 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: ~~Towson~~ Randallstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. ~~Presbyterian Home of Md.~~
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME:** Elvira Ehlers

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6.(b) Name of husband or wife: S.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 1, 1864

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 85 | — | 10 | ..... hrs. ..... min. |

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: F. Henry Ehlers
13. Birthplace: Md

MOTHER
14. Maiden name: Elizabeth Halbrok
15. Birthplace: Md.

16. Informant: Mrs. T. Elliott

Address: Presbyterian Home, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 13, 1949 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville, Md.

18. Funeral director: John O. Mitchell & Sons

Address: 1900 Eutaw Place Balto. 17, Md.

19. 9/12 (Date rec'd by registrar) 1949 A.W. Hedrick ams Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 11, 1949, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1949, to Sept 11 1949 and that I last saw her alive on Sept 10 1949

| Immediate cause of death | DURATION |
|---|---|
| Fractured hip. left | 1 mo. |
| Due to Cerebral hemorrhage | 3 yrs. |
| Due to Senility | 15 yrs |

Other conditions: 902.0 / 186a (Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Fractured hip Date of August '49

Where did injury occur? Towson (City or town) Balto. (County) - Md (State)

Injured at home, ~~farm, industry, public place (where?)~~

Means of injury: Fall out of bed Injured at work? - No

23. SIGNATURE: A. S. Chalfant M. D. or other

Address: 6210 York Rd Date signed: Sept 12 '49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of #18 and 21 shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

08559

FILM No. G 122 OCT 24 1949

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, 28, Md.
LENGTH OF STAY (in this place) 7 yr., 2 mo and 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) 1001 W. Pratt St.

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) ENGELMEYER (Last) ~~ENGLEMEYER~~

4. DATE OF DEATH: (Month) September (Day) 27, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-21-~~49~~ 1917

9. AGE last birthday: 32 yrs. If under 1 year: Months 8, Days 21. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John ~~Englemeyer~~ ENGELMEYER

14. MOTHER'S MAIDEN NAME: Nellie Marie January

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hosp. records, Catonsville, 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Barbital Poisoning

871.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

179B (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Hospital

(CITY OR TOWN) (COUNTY) (STATE) Spring Grove State Hosp, Catonsville, Md.

TIME (Month) (Dey) (Year) (Hour) OF INJURY Sept. 26, 1949 4p m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Administered as medication (overdose).

22. *I certify thot I took chorge of the remoins described obove, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.* 10/11/49 - ams

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

700 Fleet St 28 Sept 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 9/30/49 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State) Frederick Rd - City

DATE REC'D BY LOCAL REG. 9-29-49 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John F. Denny, Inc ADDRESS 715 Light St - 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

68560

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland Rural
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Freeland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland Rural
STREET ADDRESS (If rural give location) Freeland Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Marian Estella Familietti

4. DATE OF DEATH (Month) (Day) (Year) September 24 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Sept. 5 1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Bohlayer.
14. MOTHER'S MAIDEN NAME Susie Pollen.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John Bohlayer, Freeland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Meadow arrival, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE A. M. France (Degree or title) M.D. ADDRESS Parkton Md DATE SIGNED 9/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 27 1949
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
LOCATION (City, town, or county) (State) Freeland Balto Co. Md.

DATE REC'D BY LOCAL REG. Sept 26/49
REGISTRAR'S SIGNATURE Chester L. Fuelton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, ADDRESS New Freedom, Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08561

# CERTIFICATE OF DEATH

Reg. Dist. No. 4-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 426 Delaware Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 426 Delaware Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) FINK

4. DATE OF DEATH: (Month) Sept. (Day) 22 - (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May-25- 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Emil Kemke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154 Immediate cause (a) Metastatic Carcinoma — 10 mo

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Rectum — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic Cardiovascular Dis 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 48, to Sept 22, 19 49, that I last saw the deceased alive on Sept 17, 19 49, and that death occurred at 3 30 P m., from the causes and on the date stated above.

SIGNATURE Joseph Mark (Degree or title) M D ADDRESS 422 Eastern Ave Baltimore 21, Md DATE SIGNED 9/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE Sept. 26-49 NAME OF CEMETERY OR CREMATORY Oak Lawn LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 9/24/49 REGISTRAR'S SIGNATURE Henry Quade

24. FUNERAL DIRECTOR John F. Connelly ADDRESS 418 Eastern Ave. Balto 21, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08562

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md. | LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
STREET ADDRESS (If rural give location) Fitch Ave.

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) R. (Last) FINNEY

4. DATE OF DEATH: (Month) Sept. (Day) 24th, (Year) 19 49

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 26th, 1878

9. AGE last birthday: 71 yrs. | If under 1 year: Months 3 Days 28 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Wolf

14. MOTHER'S MAIDEN NAME: Johanna Schumaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. John E. Finney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 hours

830a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24, 1949, to 9-24, 19 49, that I last saw the deceased alive on 9-24, 19 49, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE: P.D. Flynn | (Degree or title) M.D. | ADDRESS 11 E. Chase St. | DATE SIGNED 9-26-49

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF 9/28/49 | NAME OF CEMETERY OR CREMATORY: St. Johns Lutheran | LOCATION (City, town, or county) (State): Parkville, Md.

DATE REC'D BY LOCAL REG. 9/26/49 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Sassaman Funeral Home | ADDRESS 7401 Belair Rd.

VS. A15

Evidence for change of age shown on:

FILM No. G 121 SEP 15 1949

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC

C8563

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood's Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Estelle (Middle) Bean (Last) Ford

4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 8/12/1872
9. AGE last birthday ~~78~~ 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Leroy Bean
14. MOTHER'S MAIDEN NAME Malvina Purcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Margaret M. McGinnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 mon

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-49, 19..., to 9-3, 1949, that I last saw the deceased alive on 9-3, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE James McDowell (Degree or title) ADDRESS Catonsville DATE SIGNED Ded

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/6/49
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 9/6/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR MacNabb & Son, Catonsville ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1949
BUREAU U. S.

08564

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) Cherry Hill Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. (Last) Frank

4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1949 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 19, 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (State or foreign country) Baltimore Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George W. Frank
14. MOTHER'S MAIDEN NAME Mary Craiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Ida A. Frank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Cardiac Decompensation — 1 mo.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic Hypertensive C-V. Disease — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arthritis — 5 yrs.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While ~~At work~~ ☐
HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 3-12, 1949, to 9-25, 1949, that I last saw the deceased alive on 9-24, 1949, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE D. D. Caples (Degree or title) M.D. ADDRESS Reisterstown DATE SIGNED 9-27-'49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 28, 1949
NAME OF CEMETERY OR CREMATORY Wards Chapel
LOCATION (City, town, or county) (State) Baltimore Co.

DATE REC'D BY LOCAL REG. 9-27-49
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR J.F. Eline & Sons ADDRESS Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 8565

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

**1. PLACE OF DEATH**
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Baltimore — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2436 E. Preston St.

**3. NAME OF DECEASED** (Type or Print): (First) Lula (Middle) E. (Last) French

**4. DATE OF DEATH**: (Month) Sept. (Day) 4 (Year) 1949

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)**: Single

**8. DATE OF BIRTH**: June 30, 1882

**9. AGE last birthday**: 67 yrs. If under 1 year: Months 2 Days 5 If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Forelady

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Baltimore, Maryland

**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13. FATHER'S NAME**: William French

**14. MOTHER'S MAIDEN NAME**: Amelia Miller

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If year, give war or dates of service): No.

**16. SOCIAL SECURITY No.**: None

**17. INFORMANT AND ADDRESS**: George Miller 2436 E Preston

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 450.0 | Immediate cause | (a) chronic interstical nephritis | Indefinite |
| | Antecedent cause(s) | | |
| 131a | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) arteriosclerosis | Indefinite |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from July 22, 1947, to Sept 4, 1949, that I last saw the deceased alive on Sept 4, 1949, and that death occurred at 8 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John G. Kunkel M.D. — ADDRESS: Spring Grove Hosp — DATE SIGNED: 9-5-49

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE: 9-8-49 — NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery — LOCATION (City, town, or county) (State): E. North Ave Balto Md

DATE REC'D BY LOCAL REG.: 9/4/49 — REGISTRAR'S SIGNATURE: WHL

**24. FUNERAL DIRECTOR** — ADDRESS: George J. Ruth Inc 1725 Hanford Ave

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore.

BC 08566

# CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville, Md. LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1519 McCullah St

3. NAME OF DECEASED (Type or Print) (First) ELBERT (Middle) (Last) GAITHER

4. DATE OF DEATH (Month) Sept. (Day) 17 (Year) 1949

5. SEX M

6. COLOR OR RACE B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 10, 1906

9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) N. Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John H. Gaither

14. MOTHER'S MAIDEN NAME Lelia Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mary Robinson 1100 McKean Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion 1 hr.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Wead on arrival, 19..., to ..., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE A. M. France (Degree or title) M.D. ADDRESS Parkton, Md. DATE SIGNED 9/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9/22/1949 NAME OF CEMETERY OR CREMATORY Mt. Auburn LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 9/22/49 REGISTRAR'S SIGNATURE A. W. Hefrich

24. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1631 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08567

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Idlewylde — LENGTH OF STAY (in this place): | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home | STREET ADDRESS (If rural, give location): 628 Charles Street Avenue |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) M. (Last) GETCHELL | | | 4. DATE OF DEATH (Month) Sept. (Day) 22, (Year) 1949 | |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Jan. 11, 1886 | 9. AGE last birthday: 73 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10h. KIND OF BUSINESS OR INDUSTRY: At Home | 11. BIRTHPLACE (State or foreign country): Brookline, Mass | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME: William Waldron | | 14. MOTHER'S MAIDEN NAME: Mary Waldron | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs. Clyde N. Stover | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.0 Immediate cause | (a) Arteriosclerotic Heart Disease | 3 yrs. |
| Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) — | |
| | (c) — | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Adhesions of gallbladder | 5 yrs. |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: None | 19h. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): No | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour): — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? — |

22. I hereby certify that I attended the deceased from Sept 17th, 1949, to Sept 22, 1949, that I last saw the deceased alive on Sept 21st, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A.S. Chalfant M.D. | | 6210 York Rd | Sept 22 1949 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE: Sept. 22, 1949 | NAME OF CEMETERY OR CREMATORY: Folsom Funeral Home | LOCATION (City, town, or county) (State): Boston, Mass. |
| DATE REC'D BY LOCAL REG.: 9/22/49 | REGISTRAR'S SIGNATURE: W. Carroll Van Horn Deputy Local | 24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1949
BUREAU V. S.

Evidence for change of date of birth shown on Film G122 9/27/49 dm Army Discharge Papers.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 08568 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH**
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 235 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2279 Park Hill Avenue

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| JOHN | C. | GILLIN | September 23, 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 9-30-9[illegible]1889 | 59 yrs. | 11 | 23 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Crane Operator | | Baltimore, Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Edward H. Gillin | Annie Caveney |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| yes | WW--I | Unknown | Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Tuberculosis, chr., pulmonary, far advanced active | Unknown |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

002 13b

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that VA attended the deceased from 1-31-, 1949, to 9-23-, 1949, [illegible] and that death occurred at 2:15 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H.C. Manaugh<br>H.C. MANAUGH, M.D. | Chief Pro. Services | VAH, Ft. Howard, Md. | 9-23-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 9/26/49 | Loudon Park | Balto. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/24/49 | H.E. Hedrick | Mildred J. Blight | 6009 Harford Rd |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08569

# CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6409 Windsor Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural, give location) 6409 Windsor Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) S. (Last) GLANVILLE

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 7, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles M. Glanville

14. MOTHER'S MAIDEN NAME: Henrietta Kuhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT: Mrs. Dora B. Hoffman 6409 Windsor Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset and Death: 2 years

131 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 2 years

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1948, to Sept 28, 1949, that I last saw the deceased alive on Sept 28, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joshua H. Armacost M.D. 6419 Windsor Mill Rd Sept 29 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/1/49 — NAME OF CEMETERY OR CREMATORY: Western Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 9/30/49 — REGISTRAR'S SIGNATURE H. W. Hedrick Jr.

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

08570

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2204 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville
STREET ADDRESS (If rural, give location) 2204 Rolling Road

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Erma (Last) Glanville

4. DATE OF DEATH (Month) September (Day) 13 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 29, 1889

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Smink

14. MOTHER'S MAIDEN NAME Mary K. Franton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT Mr. Samuel C. Glanville, Hebbville, Md. 2204 Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

976 Immediate cause (a) Gun shot wound in head

164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) revolver

(c) suicide

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Woodlawn Hebbville (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 13. 49 10 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Shot herself in temple with revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo M Kieffer MD (Degree or title) Med Exam Balto Co

ADDRESS 1010 Leeds Ave., Halethorpe

DATE SIGNED Sept 13 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 15, 1949

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 9/14/49

REGISTRAR'S SIGNATURE H. W. Hedrick

24. FUNERAL DIRECTOR Hallis Lamoreau

ADDRESS 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

18571

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (In this place) 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 307 Church Lane

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) T. (Last) Grimm

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 16, 1900

9. AGE last birthday: 49 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Highfield, Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John S. Flaugher

14. MOTHER'S MAIDEN NAME: Nora Belle Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lawrence H. Grimm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Cornary Thrombosis | 7 days |
| | Antecedent cause(s) | Arterial Hypertension | .? |
| 94a | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio Sclerosis | ? |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 - 20 -, 1949, to 9 - 27 -, 1949, that I last saw the deceased alive on 9/27/49, 19....., and that death occurred at 5/45 P.m., from the causes and on the date stated above.

SIGNATURE Dr E E Nichols (Degree or title) ADDRESS Pikesville-8, Md. DATE SIGNED 9 - 30 - 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 1, 1949 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville - Md.

DATE REC'D BY LOCAL REG. 9/30/49 | REGISTRAR'S SIGNATURE: Dr. E. E. Nichols

24. FUNERAL DIRECTOR: Frank H. Newell, ADDRESS: Pikesville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 3 1949
BUREAU V. S.

08572

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Sudbrook Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite - rural
STREET ADDRESS ✓ (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Jefferson (Last) Groomes
4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 28 June 1861
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Montgomery County, Md
12. CITIZEN OF WHAT COUNTRY? 0

13. FATHER'S NAME Mr. Groomes
14. MOTHER'S MAIDEN NAME Leeana Hobbs ~~Gaither~~ CHW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 0
17. INFORMANT Mrs. Ethel Mansfield - daughter
Mrs. Ethel Mansfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.0 Immediate cause | (a) Arteriosclerotic heart disease | 2 years |
| Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ ✓ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan., 1948, to Sept, 1949, that I last saw the deceased alive on 6 Sept., 1949, and that death occurred at 2:15 A.m., from the causes and on the date stated above.

SIGNATURE Charles H. Williams M.D. (Degree or title) ADDRESS Pikesville 8, Md. DATE SIGNED 7 Sept '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 9, 1949
NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
LOCATION (City, town, or county) (State) Randallstown, Md.

DATE REC'D BY LOCAL REG. 9/7/49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR E. W. Lamoreau
ADDRESS 4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

18573

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

**1. PLACE OF DEATH**
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville Rural
LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED (Type or Print)**: (First) ROVILLA — (Middle) — (Last) HARRIS

**4. DATE OF DEATH**: (Month) Sept (Day) 23 (Year) 1949

**5. SEX**: F

**6. COLOR OR RACE**: W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)**: Widow

**8. DATE OF BIRTH**: Oct 16 1876

**9. AGE last birthday**: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: Housework

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE (State or foreign country)**: Maryland

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: Jesse Hark

**14. MOTHER'S MAIDEN NAME**: Eliza J McComas

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)**: No — **(If year, give war or dates of service)**:

**16. SOCIAL SECURITY NO.**: 219-20-0428

**17. INFORMANT**: Mr. Wilbert Shaffer

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 420.1 **Immediate cause** | (a) Coronary Occulsion | one hour |
| **Antecedent cause(s)** | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Heart Disease | ten years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**: None

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**:

**PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)**: (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY (Month) (Day) (Year) (Hour)**: m.

**INJURY OCCURRED While at Work ☐ Not While At work ☐**

**HOW DID INJURY OCCUR?**

**22.** I hereby certify that I attended the deceased from Sept. 23 1949, to Sept. 23, 1949 that I last saw the deceased alive on Sept. 23, 1949 and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE: Joseph Bussard — (Degree or title) — ADDRESS: 110 E. Lombard St. — DATE SIGNED: 9/23/49

**23. BURIAL, CREMATION, REMOVAL (Specify)**: Burial — **DATE**: Sept 23/49 — **NAME OF CEMETERY OR CREMATORY**: Hampstead — **LOCATION (City, town, or county) (State)**: Carroll Co Md

**DATE REC'D BY LOCAL REG.**: Sept. 24. 1949. — **REGISTRAR'S SIGNATURE**: R. W. [illegible] — **24. FUNERAL DIRECTOR**: Edw C Tipton — **ADDRESS**: Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Bc 18574

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1438 Montpelier Street

3. NAME OF DECEASED (Type or Print) (First) HARRY K. (Middle) K. (Last) HAWKINS

4. DATE OF DEATH (Month) September (Day) 4 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 9-6-98

9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Movie Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Charles W. Hawkins

14. MOTHER'S MAIDEN NAME Mary A. Birmingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW 1

16. SOCIAL SECURITY No. 215-03-9474

17. INFORMANT AND ADDRESS Clin. Records, Vet. Adm. Hospl, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 months plus

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1949, to 9-4, 1949, that I last saw the deceased alive on 9-4, 1949, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norris M. Burleson

ADDRESS VAH Fort Howard, Md.

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 9/7/49

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/6/49

REGISTRAR'S SIGNATURE A. W. [illegible]

24. FUNERAL DIRECTOR Blight Funeral Home

ADDRESS 6009 Harford Rd. (14) Baltimore, Md.

Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08575

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1716 Magnolia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 1716 Magnolia Ave.

3. NAME OF DECEASED (Type or Print): (First) STELLA (Middle) S. (Last) HEINBAUGH

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 20, 1868

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Heinbaugh

14. MOTHER'S MAIDEN NAME: Elsie Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs. Minnie E. Meese 1716 Magnolia Ave./ Relay 27, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Haemorrhage. — Interval between onset and death: 5 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - arteriosclerosis. — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Stomach Contents - into Bronchus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to Sept 7, 19.49, that I last saw the deceased alive on Sept 6, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Frederick W. Beitler (Degree or title) MD ADDRESS 473 Medical Arts Bldg - Balto. DATE SIGNED 9-7-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 9/8/49
NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem.
LOCATION (City, town, or county) (State): Markelton, Pa.

DATE REC'D BY LOCAL REG. 9/7/49
REGISTRAR'S SIGNATURE A. W. Hedrick JS

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1947
77
1872

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08576

# CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
LENGTH OF STAY (in this place) 75 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore #7
STREET ADDRESS (If rural give location) 3609 Rockdale Terrace

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Hohman
4. DATE OF DEATH (Month) Sept (Day) 30 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11 August 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Hebbville, Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Loos - Loos.
14. MOTHER'S MAIDEN NAME Elizabeth Stickel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Rheumatic heart disease — 50 years

95 b Antecedent cause(s) (b) Generalized arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from August, 1949, to Sept, 1949, that I last saw the deceased alive on 29 Sept, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE Charles H. Williams (Degree or title) M.D. ADDRESS Pikesville 8, Md. DATE SIGNED 30 Sept. 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 3/49
NAME OF CEMETERY OR CREMATORY Mt Olive
LOCATION (City, town, or county) Randbtown (State) Md

DATE REC'D BY LOCAL REG. 10/3/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR H. B. Wippert & Son ADDRESS 1300 Eaton Pl 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

8577

Reg. Diat. No. 30

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15

**1. PLACE OF DEATH:**

County Balto.

City or town Dchester.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County Balto

City or town Dchester.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Box 211 B. Wilkens Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** William A. Hood.

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | White | Widowed. |

6.(b) Name of husband or wife Nellie A. Hood

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1866

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 83 | | | ..... hrs. ..... min. |

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Foreman, Retired

11. Industry or business B + O. R.R.

FATHER 12. Name Richard Hood

13. Birthplace Germany

MOTHER 14. Maiden name Rachael Jefferson

15. Birthplace ?

16. Informant Elizabeth M. Zauck.

Address Box 211 B. Wilkens Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 15 1949 (month) (day) (year)

Cemetery or crematory St Mary's

Location Hamsden Dchester.

18. Funeral director Paul E. Schenawerk Jr.

Address 3625-17 Chestnut Ave.

19. 9/15/49 (Date rec'd by registrar) 19..... V E Harris Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11, 1949, at 9 18 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940, to September 1949

and that I last saw him alive on Sept 11, 1949 19.....

| Immediate cause of death | DURATION |
|---|---|
| Myocardial Insufficiency | 4 yrs. |
| Due to Arteriosclerotic Cardiac Vascular disease | 9 yrs. |
| Due to | |
| Other conditions 422.1 | |
| 93a | |

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. —

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Earl Pass M.d. M. D. or other

Address 4001 Wilkens Ave Date signed 9-13-49

RECEIVED
SEP 16 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08578

# CERTIFICATE OF DEATH

Reg. Dist. No. 37

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A54

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) York Rd.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Vernon | Randolph | Hook | Sept. | 6 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | married | Nov. 17-1891 | 57 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Machine Tool Dealer | own | Carroll Co. Md. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James W. Hook | Elizabeth Beaver |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | None | Mrs Raymond Babylon |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause (a) | Coronary thrombosis | 20 minutes |
| 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Coronary Sclerosis | 1½ years |
| (c) | | 4½ years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Diabetes mellitus | 1½ years. |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 25 Jan., 1949, to 6 Sept., 1949, that I last saw the deceased alive on 6 Sept., 1949, and that death occurred at 7:40 p m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Walter T. Kees | M.D. | Cockeysville, Md | 6 Sept. '49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Sept. 9-1949 | Lutheran Cemetery | Eastview, | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9-6-49 | Wilmer C. Ensor | H. Bankard & Son | Westminster, Md |

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08579 Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Greenwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 20 Greenwood Avenue

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Hooper

4. DATE OF DEATH: (Month) September (Day) 23, (Year) 19 49

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 5, 1860

9. AGE last birthday: 89 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter - Retired

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Hooper

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Edna Rouse, 20 Greenwood Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1450.0 Immediate cause (a) Arteriosclerosis, generalized. — Gradual

Antecedent cause(s)

137.b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatitis, with Cystitis
Decubitus Ulcer

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 19 49, to Sept 23, 19 49, that I last saw the deceased alive on Sept 22, 19 49, and that death occurred at 12 20 p.m., from the causes and on the date stated above.

SIGNATURE Charles N. Sevrey M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 9/26/49 | NAME OF CEMETERY OR CREMATORY Baltimore | LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. 9/26/49 | REGISTRAR'S SIGNATURE R. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08580

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
315 Ingleside Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Ellicott City
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Columbia Road
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Harry B. House, Sr.

3. (b) Social Security Number: None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Married |

6.(b) Name of husband or wife: Ida R. House
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 22 1867

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 0 | 27 | hrs. min. |

9. Birthplace: Cumberland, Md. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: David House
13. Birthplace: Md

MOTHER
14. Maiden name: Sarah Ellen Zimmerman
15. Birthplace: Md

16. Informant: Harry House
Address: Ellicott City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-22-49 (month) (day) (year)
Cemetery or crematory: Ivy Hill
Location: Laurel, Md.
16. Funeral director: F. C. Higinbothom
Address: Ellicott City, Md.

19. 9/20/ 1949 W E Harry
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 19 1949 at 945 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1949 to Sept 19 1949 and that I last saw h. l. m. alive on Sept 17 1949

| Immediate cause of death | DURATION |
|---|---|
| Myocardial failure | 48 hrs |
| Due to: Arteriosclerotic cardiovascular disease | Unknown |
| Due to: Arteriosclerosis, generalized | Unknown |
| Other conditions | |

422.1
93d
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Stephen Lee Magness M.D. M. D. or other
Address: Catonsville 28, Md. Date signed: 9-19-49

RECEIVED
SEP 21 1949
BUREAU V. S

# STATE OF MARYLAND—CERTIFICATE OF DEATH

08581

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No.

Village or City Overlea No. 3 E. Overlea Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Karolina Janda

(a) Residence: No. 3 E Overlea Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F | White | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Janda

6. DATE OF BIRTH (month, day, and year) Sept 8, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 89 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bohemia (State or country)

FATHER

13. NAME Joseph Wysiecka

14. BIRTHPLACE (city or town) Bohemia (State or country)

MOTHER

15. MAIDEN NAME Marie Wavra

16. BIRTHPLACE (city or town) Bohemia (State or country)

17. INFORMANT Gina Rocken (Address) 3 E Overlea Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sept. 17, 1949

19. UNDERTAKER Frank Lerch & Son (Address) 900 N. Chester Street

20. FILED 9-16, 1949 A. W. Redpath Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Sept 14, 1949 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1948, to 9/14, 1949

I last saw her alive on 9/14, 1949; death is said to have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma ascendens Cardio | undetermined |
| pneumonia dextra | |
| 422.1 | |
| 93d | |

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. J. Gallagher M. D.

(Address) 5 E 29 Belair Rd

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

5874 ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

BC 18582

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5313 Edmondson ave. Dook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4301 Roland ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) HANGARTER (Last) JANES

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6/12,1870

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stapenhorst

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: 2836 St. Paul street Mrs. Jos. P. Schruefer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 93d

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Cardio vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1946, to Sept 28, 1949, that I last saw the deceased alive on Sept 28, 1949 and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE James Stowell (Degree or title) ADDRESS Catonsville DATE SIGNED 9-29-

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 1/49

NAME OF CEMETERY OR CREMATORY: St. Mary's

LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG. 9/30/49

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR: Chas. J. Evans & Son, Inc. ADDRESS: 118 West Mt. Royal ave.

VS-A15

Dr. Howell
715 Frederick ave. office Cat. 4252
208 Montrose ave. home Cat. 4010

RECEIVED
OCT 3 1949
BUREAU V. B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

B8583

# CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Centerville COUNTY Queen Anne Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Andrew | Howard | Johnson | Sept | 30 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | | May 10 - 1885 | 64 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Photographic Developer | | Ingleside Md | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Andrew Johnson | Lora Price |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | Laura M. Schroder |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

260 **Immediate cause** (a) Diabetic Ketosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from June 24, 1949, to Sept 30, 1949, that I last saw the deceased alive on Sept 30, 1949 and that death occurred at 4 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W. T. Rees | M.D. | Cockeysville Md | 9/30/49 |

| 23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 10-2-1949 | Christ Lutheran Cemetery | Centerville | Md. |

| DATE RECD BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Oct 1-1949 | L. M. Schroder | Wm. Cook | St Paul & Preston St |

RECEIVED
OCT 3 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

C13 C8584

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands; LENGTH OF STAY (in this place) 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2810 Hoffman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NEW JERSEY COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMDEN, NEW JERSEY; STREET ADDRESS (If rural, give location) 125 South 34th St.

3. NAME OF DECEASED (Type or Print): (First) Enoch (Middle) N. (Last) Johnson

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/26/1860

9. AGE Last birthday: 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Printer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaiah? Johnson

14. MOTHER'S MAIDEN NAME: Anna Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Kenneth Tolson 2810 Hoffman Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular Disease — Interval Between Onset and Death: 10 days

422.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebro-sclerosis — 20 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to 9/21, 1949, that I last saw the deceased alive on 9/21, 1949, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE: Chas. L. Bacon (Degree or title) MD ADDRESS: Linthicum DATE SIGNED: 9/21/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE: 9/21/49 NAME OF CEMETERY OR CREMATORY: So. Dinnis Cem LOCATION (City, town, or county) (State): So. Dinnisville N.J.

DATE REC'D BY LOCAL REG.: 9/21/49 REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St Paul St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

BC 08585

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard
LENGTH OF STAY (in this place) 20 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 564 Baker Street

3. NAME OF DECEASED (Type or Print) (First) IRVIN (Middle) (Last) JOHNSON
4. DATE OF DEATH (Month) (Day) (Year) September 15, 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-28-1920
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Columbia, S. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Johnson
14. MOTHER'S MAIDEN NAME Carrie (M.N. Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. 218-18-4348
17. INFORMANT Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 560.4 Immediate cause | (a) Pulmonary embolism | Sudden |
| 122 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Thrombosis of right iliac and pelvic veins | Unknown |
| | (c) Due to: Postoperative hemorrhage in herniorrhaphy wound | 2 Weeks |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9-3-49
19b. MAJOR FINDINGS OF OPERATION Incision of scrotal hematoma, right
20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. B. Davis M.D. Dept Med. Examiner - Dundalk - 22 Md 9/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/19/49
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. Sept. 17 1949
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave.,Balto.,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08586

# CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md. LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
STREET ADDRESS (If rural give location) 4218 Thorncliff Rd.

3. NAME OF DECEASED (Type or Print) (First) DINA (Middle) P. (Last) KARSSEBOOM

4. DATE OF DEATH (Month) Sept. (Day) 18th, (Year) 1949

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH March 6th, 1878

9. AGE last birthday 71 yrs. If under 1 year Months 6 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Holland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Karel Poots

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mr. Carl A. Karsseboom

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.0 | Immediate cause | (a) Myocardial Degeneration | 1 year |
| 61 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive & Arteriosclerotic Heart Disease | 10 yrs + |
| | | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. Chronic Nephritis ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1948, to 9/18, 1949, that I last saw the deceased alive on 9/17, 1949 and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John W Macken M.D. ADDRESS 6331 Belair Rd. Balto (6) Md. DATE SIGNED 9/19/1949

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF 9/21/49

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Sept. 19-49

REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider

24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

RECEIVED
SEP 24 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

C8587

Reg. Dist. No. 37

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Butler (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Butler (If outside city or town limits, write RURAL and give nearest town)

Street No.: Falls Rd (If rural, give LOCATION)

2.(a) If veteran, name war: No

**3. (a) FULL NAME:** Ella Kessler

**3. (b) Social Security Number:** None

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 6-14-1875

**8. AGE:** Years: 74 Months: 3 Days: 11 If less than one day: hrs. min.

9. Birthplace: Butler, Balto Co., Md (Town, county, and state)

10. Usual occupation: Homemaker

11. Industry or business:

FATHER 12. Name: Peter Kessler

13. Birthplace: Balto Co., Md

MOTHER 14. Maiden name: Kate Merryman

15. Birthplace: Balto. Co., Md.

16. Informant: Margaret Harrison

Address: Butler, Balto Co., Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 28, 1949 (month) (day) (year)

Cemetery or crematory: Black Rock

Location: Butler, Balto Co. Md

18. Funeral director: Landon M. Brooks

Address: Sparks, Md

19. Sept. 27- 1949 (Date rec'd by registrar) Wilmer C. Ensor Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/25 1949, at 11P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-30 to 9/25/49 and that I last saw her alive on 9/25/49

Immediate cause of death: Myocarditis — Chronic decompensation — DURATION: 2 yrs

Due to: Hypertension

Due to: arteriosclerosis

Other conditions: Diabetes (Include pregnancy within 3 months of death)

443

61

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. Saffell M. D. or other

Address: Reisterstown Md. Date signed: 9/26/49

VS A15 9-45-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 29 1949
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

T

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 08588

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 815 Madison Ave.

3. NAME OF DECEASED (Type or Print) (First) PAULENA (Middle) (Last) KESTING

4. DATE OF DEATH (Month) Sept. (Day) 28, (Year) 1949

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH July 1866

9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob Leffert

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT Mr. Washington Seigel 102 Beaumont Ave. Catonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 442 | Immediate cause | (a) Nephritis - Uremia | 48 hrs. |
| 131a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardio-Vascular Renal disease | 6 yrs.? |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis - Toxic Goitre 12 yrs?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 14, 1949, to Sept. 28, 1949, that I last saw the deceased alive on Sept. 27, 1949, and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE Conn Eltban (Degree or title) M.D ADDRESS 803 Fred. Ave - Catonsville 28 DATE SIGNED 9.28.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/30/49

NAME OF CEMETERY OR CREMATORY Western Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 9/28/49

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

RECEIVED
OCT 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

18589

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson
LENGTH OF STAY (in this piece)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Washington~~ Keyser Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson
STREET ADDRESS (If rural give location) Kayser Rd

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Washington | Irvine | Keyser | Sept | 30 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | | Apr 30, 1872 | 77 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Banking | Banking | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Henry Irvine Keyser | Mary Washington |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | none | Mrs W Irvine Keyser |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Cardiorespiratory failure | 24 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Cirrhosis of the liver | 3 yrs. |
| (c) | | |

581.0
124b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | | Yes ☐ No ☑ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Nov, 1946, to 30 Sept, 1949, that I last saw the deceased alive on 28 Sept 1949, and that death occurred at 5:50 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Paul N Rogers | M. D. | Pikesville 8 Md | 30 Sept 49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Oct. 1 1949 | St Thomas | Garrison Forest | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-30-49 | | Henry N. Jenkins Sons Co | 4905 York Rd City 12 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

C8590

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
LENGTH OF STAY (In this place) 0 years 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Anne Arundel COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Maryland
STREET ADDRESS (If rural, give location) Truxton Heights R

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Zopf (Last) KIBLER
4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 6/5/1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alvin Zopf
14. MOTHER'S MAIDEN NAME Ida Thoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9177 Immediate cause (a) Toxemia

181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Decubitus + gangrene left foot 1st-2+3rd degree Burned legs accident

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital (CITY OR TOWN) Catonsville (COUNTY) Ballo (STATE) Md
TIME OF INJURY (Month) 4 (Day) 11 (Year) 1949 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Put in tub hot water by another patient

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo L M Kieffer Jr Dep Med Exam of Ballo Co
ADDRESS 1010 Leeds av
DATE SIGNED Sept 10. 49

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 9-12-49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Dorchester (State) Mass.

DATE REC'D BY LOCAL REG. Sept. 12, 1949
REGISTRAR'S SIGNATURE Victor E. Harry
24. FUNERAL DIRECTOR John M. Taylor Son
ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 14 1949
BUREAU V. S.

08591

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
LENGTH OF STAY (in this place) 23 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1324 BIRCH AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural give location) 1324 BIRCH AVE.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) (NMI) (Last) KIRK

4. DATE OF DEATH (Month) SEPT. (Day) 26 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JAN. 28 1870
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN F. POTTS.
14. MOTHER'S MAIDEN NAME KATHERINE HAGEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MRS. ANNIE KIRK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Chronic Myocarditis | 1 yr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis | 1 yr. |
| | (c) | |

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1948, to Sept 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE Willard Parson (Degree or title) M. D. ADDRESS 1711 Selma Ave. - 27. DATE SIGNED Sept. 27-49.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF SEPT. 29, 1949
NAME OF CEMETERY OR CREMATORY LOUDEN PARK
LOCATION (City, town, or county) BALTIMORE, (State) MD.

DATE REC'D BY LOCAL REG. 9/27/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Joseph T. Ambrose, Jr. ADDRESS 1329 Sulphur Spring Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1711 Selma Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

C8592 Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7405 Belmont ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 7405 Belmont ave.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Mary (Last) Kirk

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1949

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wd. | 8. DATE OF BIRTH: June 5, 1897 | 9. AGE last birthday: 52 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Groff | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Benjamin Kirk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 **Immediate cause** (a) Carcinoma of Cervix — Interval Between Onset and Death: 2 yrs.

**Antecedent cause(s)**

480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes Mellitus — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Sept 1, 1949, that I last saw the deceased alive on Sept 1, 1949, and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo M. Baumgardner ADDRESS Balto 6 Md DATE SIGNED 9-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Sept 3, 1949 | NAME OF CEMETERY OR ~~CREMATORY~~ Oak Lawn | LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REG. Sept 3, 1949 | REGISTRAR'S SIGNATURE F. M. Daley Jr. | 24. FUNERAL DIRECTOR ADDRESS Roland L. Fisher, Dundalk, Md.

RECEIVED
SEP 6 1949
BUREAU V. S.

08593

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hoods Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Fells Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): May Cooper Kirkwood
4. DATE OF DEATH (Month) (Day) (Year): 9/12/49 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 5/5/1872
9. AGE last birthday: 77 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Ellicott City, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John F. Kirkwood
14. MOTHER'S MAIDEN NAME: Mary Ann Mayfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Estelle Kirkwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a): Chr. Myocarditis — 1 mon

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Arterio Sclerosis

(c): Chr. Passive Congestion of Lungs — 1 wk

Passive

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1949, to 9-12, 1949, that I last saw the deceased alive on 9-12, 1949, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James G. Howell — ADDRESS: Oclose Ave — DATE SIGNED: 9-14

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9/15/49 — NAME OF CEMETERY OR CREMATORY: St. John's — LOCATION (City, town, or county) (State): Howard Co. Md.

DATE REC'D BY LOCAL REG.: 9/15/49 — REGISTRAR'S SIGNATURE: V. E. Harry — 24. FUNERAL DIRECTOR: F. C. Higinbothom, Ellicott City Md. — ADDRESS:

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 16 1949
BUREAU V. S.

08594

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2900 Hiss Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 2900 Hiss Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARIE KATHARINE KLINGOEHRL
4. DATE OF DEATH (Month) (Day) (Year): Sept. 4 1949

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Sept. 11, 1889
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Johann Klingoehrl
14. MOTHER'S MAIDEN NAME: Marie Kunz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: no Mrs.
17. INFORMANT: Marie F. Klingoehrl - 31 Mudrock Rd.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hypertensive Cardio Vascular Disease

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7, 1949, to Sept 4, 1949, that I last saw the deceased alive on Sept 4, 1949, and that death occurred at 1:40 A m., from the causes and on the date stated above.

SIGNATURE: Laurence C. Posh — (Degree or title): M. D. — ADDRESS: 6805 York Rd - Baltimore — DATE SIGNED: 12, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/7/49 — NAME OF CEMETERY OR CREMATORY: Western Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 9/6/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 08595

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (in this place): 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nt. Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4010 Cedardale Road

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) (Klompus) (Last) Klonyues.

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct. 14 1917

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ellis Klonyues.

14. MOTHER'S MAIDEN NAME: Lillian Shapiro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 219-10-6739

17. INFORMANT: Mamm Klonyues.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Myocardial Failure

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — Interval Between Onset and Death: 14 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1949, to Sept. 30, 1949, that I last saw the deceased alive on Sept. 30, 1949, and that death occurred at 1 30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Rudnick MD — ADDRESS: Nt. Pleasant Reisterstown, Md. — DATE SIGNED: 9/30/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 10-2-49 — NAME OF CEMETERY OR CREMATORY: Hebrew Young Men — LOCATION (City, Town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG.: 9-30-49 — REGISTRAR'S SIGNATURE: Mary B. Eline

21. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08596

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rustrastown | LENGTH OF STAY (In this place) In Ambulance
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rustrastown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster (Rural)
STREET ADDRESS (If rural, give location) Route 6

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| REUBEN | JEFFERSON | LEPPO. | Sept. | 3 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widowed | Aug. 30, 1861 | 88 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Labor | Arkansas | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Jacob M. Leppo | Matilda Taylor |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No — | None | C Claude Leppo |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Crushed chest & fractured ribs from st. | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) fractured ribs on left from spine to costal border | 45 min. |
| | (c) fractured left Ext. | |

E12.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None. | None | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Westminster | (COUNTY) Carroll | (STATE) Md. |
|---|---|---|---|---|

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| 9 | 3 | 49 | 11 A.m. | | He was crossing street & struck by a car |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| D. D. Caplis | Deputy Asst. Exam. M.D. | Rustrastown, Md. | 9-4-'49. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 9/6/49 | Carrollton Church Yard | Carrollton, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9-4-49 | Mary B. Eline. | J. Francis Reese | Westminster |

VS. A15A

RECEIVED
SEP 9 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08597

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

**1. PLACE OF DEATH:**

County Baltimore

City or town Cockeysville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Children's Rehabilitation Center

Stay in hospital or inst. (yrs., or mos., or days) 7 years

Stay in this community (yrs., or mos., or days) 7 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State ~~Maryland~~ N.Y. County ~~Baltimore~~ St. Lawrence

City or town ~~Cockeysville~~ Massena Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~Children's Rehabilitation Center~~ 40 Grove St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Roberta Levine

3. (b) Social Security Number

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 15, 1940

8. AGE: Years 8 Months 9 Days 26 If less than one day hrs. min.

9. Birthplace Potsdam, New York
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Simon Lavine
13. Birthplace ?

MOTHER
14. Maiden name Sara Castroll
15. Birthplace ?

16. Informant Donaldson Funeral Home

Address Massena, New York

17. Burial Date thereof Sept. 9, 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Hebrew Cemetery

Location Massena, New York

18. Funeral director John O. Mitchell & Sons, Inc. M.B. Mitchell

Address 1900 Eutaw Place, Baltimore, Md.

19. 9/7/49 (Date rec'd by registrar) A. W. Hofrish Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 7, 1949, at 9.20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28, 1949, to Sept. 7, 1949, and that I last saw her alive on September 7, 1949.

Immediate cause of death Convulsions
Respiratory paralysis

Due to Cerebral palsy
Rigidity quadriplegia

Due to 351

Other conditions 83d
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION
1 hour
since birth

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Walter Lundon M.D.
M. D. or other

Address Reisterstown, Md. Date signed 9-7-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08598

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedarhurst
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ANDREW (Last) MACK
4. DATE OF DEATH: (Month) September (Day) 25, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-3-88
9. AGE last birthday: 61 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail handler
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Mack
14. MOTHER'S MAIDEN NAME: Julia E. Gilyard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rupture of aortic cusp of mitral valve — Unknown

444

Antecedent cause(s)

92b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2 Yrs. plus

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Great hypertrophy and dilatation of left ventricle — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-19-, 1949, to 9-25-, 1949, ~~that I last saw the deceased alive on~~, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. — (Degree or title): Chief Pro. Services — ADDRESS: VAH, Ft. Howard, Md. — DATE SIGNED: 9-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9/29/49 — NAME OF CEMETERY OR CREMATORY: Baltmore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 9/27/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Charles R. Law, 802 Madison Ave., Balto., Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

# STATE OF MARYLAND—CERTIFICATE OF DEATH

08599

**1. PLACE OF DEATH**

County BALTIMORE Registration Dist. No. 31

Village or City ROCKDALE- MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred LIFE-TIME yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** MARY J. MALTHAN If U. S. Veteran, specify WAR —

(a) Residence: No. 8045 LIBERTY ROAD ~~St.~~ ~~Ward.~~ If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WIFE OF- AUGUST MALTHAN

6. DATE OF BIRTH (month, day, and year) APRIL 16 - 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 5 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIFE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) BALTIMORE (State or country) MARYLAND

FATHER

13. NAME ALFRED BUCKINGHAM -

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME SARAH SNYDER

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT HUSBAND - MR. AUGUST MALTHAN (Address)

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Lorraine Maus. Date 10/3/49, 19

19. UNDERTAKER WM. J. TICKNER & SONS (Address)

20. FILED 9/30, 1949 Rw Hedrick Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** SEPTEMBER (Month) 29 (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ATTENDED BY DR EDWIN L. PIERPONT - ROCKDALE MD. , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 11:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. UREMIA - | SEPT 5 49 |
| 2. HYPERTENSIVE - CARDIO - RENAL DISEASE - C | |
| CEREBRAL ACCIDENTS (2) | 1948 - |

Other Contributory Causes of importance:

442

131a

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas E. Wheeler M. D.

(Address) Liberty & Clifmar Rds - Randallstown, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

I

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 08600

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH
COUNTY: Lansdowne (Baltimore) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dorchester Hgts
STREET ADDRESS (If rural give location): 3210 POPLAR AVE

3. NAME OF DECEASED (Type or Print): (First) Rosaria (Middle) (Last) Marino

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): XXXXXXXXXX

8. DATE OF BIRTH: Feb. 5 - 1888

9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cefalu-Palermo Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Battaglia

14. MOTHER'S MAIDEN NAME: Maria Grazia Glorioso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hilda Glorioso

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Edema | 3 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardiac Insufficiency | 3 hrs. |
| | (c) Hypertensive Cardiovascular Disease | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Sr. Rheumatic Heart Disease

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to Sept 9, 1949, that I last saw the deceased alive on Sept. 9, 1949 and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A Bradley Daugherty M.D. 9-10-49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Sept. 13 1949 | New Cathedral Cemetery | 4500 Old Frederick Rd.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Sept 12-49 | [signature] | Frank Della Vecchia | 322 S. High St.

RECEIVED
SEP 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08601

# CERTIFICATE OF DEATH

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bucklynville (Rural) — LENGTH OF STAY (In this place) 3-8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bucklynville - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY - (Middle) FRANCES - (Last) MARTIN

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Apr 21-1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis L Morfoot

14. MOTHER'S MAIDEN NAME: Elizabeth Bossom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr Albert Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Coronary Arterio-Sclerosis | 3 yrs |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension C-V. Disease | 12 yrs |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1936, to 9-22, 1949, that I last saw the deceased alive on 9-19, 1949, and that death occurred at 12:30 m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Harris C. Porterfield M.D — Hampstead Md — 9/22/49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 9-24-49 | Grace Meth. | Balto Co Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS |
|---|---|---|
| 9-23-49 | Mary B. Ehline | Edw C Lipton, Hampstead Md |

RECEIVED
SEP 29 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08602

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Balto. 14 — LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2001 Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Balto. 14
STREET ADDRESS (If rural give location): 2001 Taylor Ave

3. NAME OF DECEASED (Type or Print) (First): Charles (Middle): H. (Last): McCauley

4. DATE OF DEATH (Month): Sept. (Day): 4 (Year): 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 14, 1876

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua J. McCauley

14. MOTHER'S MAIDEN NAME: Annie Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. F. Richard Cook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) Carcinoma of Colon c̄ metastases of liver. — 1 year.

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Sept, 1949, that I last saw the deceased alive on Sept 3, 1949, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE: Albert C. Herrmann, M.D. (Degree or title) — ADDRESS: 6804 Old Harford Rd. — DATE SIGNED: 9-4-49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept. 6, 1949 — NAME OF CEMETERY OR CREMATORY: Monkton — LOCATION (City, town, or county): Monkton — (State): Maryland

DATE REC'D BY LOCAL REG.: 9/8/49 — REGISTRAR'S SIGNATURE: W. Carroll Van Horn, Deputy Local

24. FUNERAL DIRECTOR: Landon M. Brooks — ADDRESS

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SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08603

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): since 1/9/1919
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Catonsville~~ Overlea
STREET ADDRESS (If rural, give location): 03 Bal Mar ~~Spring Grove Ave~~ Hosp

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Ida | B. | McClain | Sept. | 13 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Married | 12/25/1883 | 65 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Maryland | USA |

13. FATHER'S NAME: Tobias Akers
14. MOTHER'S MAIDEN NAME: Iova Merriman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital records

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Strangulation by failing | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) to swallow ~~food~~ while | |
| | (c) eating. Accident | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
suffocation

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Hospital | Catonsville | Balto. | Md. |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work ☑ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| Sept | 13, | 49 | 12 p.m. | | | Food in throat causing failure to breathe |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Jos. McKeefer M.D. | Chief Res. | Balto 10 1010 Leeds Ave | Sept 13, 49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 9/16/49 | Mt. Olivet | Baltimore | Md. |

| DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/15/49 | A. W. Hedrick | Hilton & Co Inc | 1214 St Paul St |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08604

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
STREET ADDRESS (If rural give location) Fitch Ave. #496 Balto. 6, Md.

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) J. (Last) MENNINGER

4. DATE OF DEATH (Month) Sept. (Day) 20th (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH May 21st, 1877

9. AGE last birthday 72 yrs. If under 1 year Months 3 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet worker

10b. KIND OF BUSINESS OR INDUSTRY Goodwill Industries

11. BIRTHPLACE (State or foreign country) Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Menninger

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. William Foltz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.0 | Immediate cause | (a) Cerebral Hemorrhage, left | 11 days |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive arteriosclerotic heart disease | 10 yrs. |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1949, to Sept 20, 1949 that I last saw the deceased alive on Sept. 19, 1949, and that death occurred at 10:25 P m., from the causes and on the date stated above.

SIGNATURE Adam Swiss, M.D. (Degree or title) ADDRESS 6232 Belair Rd DATE SIGNED Sept. 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF 9/23/49

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 9/22/49

REGISTRAR'S SIGNATURE A. W. Hedrick JS

24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 086053

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gienger Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2659 Edmondson Avenue

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) A. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) September 12, 1949

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH June 14, 1867

9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Edward Wosch

14. MOTHER'S MAIDEN NAME Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mr. Charles E. Moore, 2659 Edmondson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardio Vascular Disease

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9/, 1949, to 9/12/, 1949, that I last saw the deceased alive on 9/12/, 1949, and that death occurred at 5 a m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) M.D. ADDRESS Randallstown DATE SIGNED Mg 9/12/49

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE 9/14/49

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REG. 9/12/49

REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08606

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1001 K Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 1001 K. Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| JAMES | EDWARD | MOORE | September 20, 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| male | colored | Single | Feb 4, 1918 | 31 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker Bethlehem Steel Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Moore
14. MOTHER'S MAIDEN NAME: Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: Emma Moore Curatrix 202 Spring Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 434.1 Immediate cause | (a) Acute congestive cardiac failure | |
| 95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
|---|---|---|
| | | |

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George L. Merrill | MD | 700 Fleet St. Baltimore 2, Md. | Sept. 21, 1949 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept 24/49 | Mt. Calvary Cem. | A.A. County Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/21/49 | A. W. Hedrick | Mrs. Robert A. Elliott & Daughter | 1129 N. Caroline St |

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

18607 44 Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3124 Liberty Parkway

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| LEON | O. | MOWERY | September 22, 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| male | white | married | Nov. 19, 1903 | 45 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| painter | Beth. Steel Co. | Jonestown, Pennsylvania | |

13. FATHER'S NAME: George Mowery
14. MOTHER'S MAIDEN NAME: Elizabeth Fowler

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | | Mrs. Adele Mae Mowery |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Myocardial infarction

940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George L. Merrill | M.D. | 700 Fleet St., Baltimore 2, Md. | Sept. 23, 1949 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 26, 1949 | Oak Lawn Cemetery | Baltimore Co., Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 9/26/49 | A. W. Hedrick | Roland L. Fisher, Dundalk, Md. |

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08608

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 8002 Eastern Ave

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) M. (Last) Mules
4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1949

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: Mar 20 1881 | 9. AGE last birthday: 68 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Pa. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT: George T. Mules. 8002 Eastern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 Immediate cause (a) Cerebral apoplexy — Interval Between Onset and Death: Sudden

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-sclerotic Cardio-Vascular disease — 2 yrs

(c) Diabetes Mellitus — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, ferm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Yeer) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Sept 17, 1949, that I last saw the deceased alive on Sept 17, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. M. Baumgardner MD | Balto 6 Md | 9-17-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9/21/49 | NAME OF CEMETERY OR CREMATORY: London Pk. Cem | LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 9/19/49 | REGISTRAR'S SIGNATURE: A. W. Hedgecock

24. FUNERAL DIRECTOR: Wm Cook Inc. | ADDRESS: 1212 St Paul St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08699

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8217 Northview Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 8217 Northview Road

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) S. (Last) NELSON
4. DATE OF DEATH: (Month) Sept. (Day) 7, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 3, 1881
9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Camden, N. J.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Anna Stanton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Harry S. Nelson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

540.1 **Immediate cause** (a) Generalized peritonitis due to perforated gastric

117a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ulcer

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Russell S Fisher (Degree or title): M.D. ADDRESS: 700 Fleet Street, DATE SIGNED: September 7, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept. 10, 1949 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery | LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: 9-8-49 | REGISTRAR'S SIGNATURE: L | 24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08610

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural give location) Route IV

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) MARIE (Last) POTTS

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 29 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married | 8. DATE OF BIRTH: Jan. 25, 1899 | 9. AGE last birthday: 50 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Frederick Co. Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Taylor Smith | 14. MOTHER'S MAIDEN NAME: Anna Fike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Harry E. Potts Sykesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

415 **Immediate cause** (a) CEREBRAL EMBOLISM — 24 hrs

93c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) RHEUMATIC CARDIO-VASCULAR DISEASE — 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to SEPTEMBER 1949, that I last saw the deceased alive on SEPTEMBER 29 1949, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

SIGNATURE Martin E. Strobel (Degree or title) M.D. ADDRESS 59 HANOVER ROAD, REISTERSTOWN, MD. DATE SIGNED 9/29/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF Oct. 2, 1949 | NAME OF CEMETERY OR CREMATORY Oak Hill | LOCATION (City, town, or county) LaGore Frederick (State) Md.

DATE REC'D BY LOCAL REG. 9-29-49 | REGISTRAR'S SIGNATURE Mary B. Elline. | 24. FUNERAL DIRECTOR Powell & Hartzler ADDRESS Woodsboro Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08611

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hines Rd. off Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location) Hines Rd. off Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Powell
4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Feb. 3, 1868
9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - retired
10b. KIND OF BUSINESS OR INDUSTRY Balto. City
11. BIRTHPLACE (State or foreign country) ? Unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? Unknown
14. MOTHER'S MAIDEN NAME ? Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Edward Klein, 6220 - 7th St., N.W./ Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 422.1 Immediate cause | (a) acute pulmonary edema | 1 day. |
| Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) arteriosclerotic cardiovascular disease | ? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949 to Sept. 14, 1949, that I last saw the deceased alive on Sept. 13, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE Harold A. Grott, M.D. (Degree or title) ADDRESS 8100 Harford Rd DATE SIGNED 9/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/17/49
NAME OF CEMETERY OR CREMATORY Washington Mem. Pk
LOCATION (City, town, or county) (State) Prince George Co., Md.
DATE REC'D BY LOCAL REG. 9-16-49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08612

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sparrows Point; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7845 North Cove Road; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sparrows Point; STREET ADDRESS (If rural, give location) 7845 North Cove Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) M. (Last) Reed

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mr.

8. DATE OF BIRTH: Jan. 27 1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gottfried Leitzelschaub

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Harvey A. Reed Sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cardiac Failure | one day |
| Antecedent cause(s) | | |
| 560.2 | (b) Arterio-Sclerotic heart disease | 2 yrs |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Large Umbilical hernia | 10 yrs |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1949, to Sept 27, 1949, that I last saw the deceased alive on Sept 27, 1949, and that death occurred at 5-38 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson L. Harbor M.D. Sparrows Point-Md. 9/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Sept. 30, 1949

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: Sept 29-49

REGISTRAR'S SIGNATURE: Dawson L. Harbor

24. FUNERAL DIRECTOR ADDRESS: Roland L. Fisher, Dundalk, Md.

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OCT 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08613

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1615 Dartford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 1615 Dartford Rd.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) G (Last) Rentzell

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1949

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) — | 8. DATE OF BIRTH: Sept. 7 1776 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maysville, Pa. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Cass Rutledge | 14. MOTHER'S MAIDEN NAME: Harriett C. Doran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT: Van Sear Rentzell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage. — Interval between onset and death: 4 days

331 / 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27 1949, to Sept. 29, 1949, that I last saw the deceased alive on Sept. 24, 1949, and that death occurred at 2 15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Treacher, MD | ADDRESS 1095 N. Calvert St. | DATE SIGNED Sept. 29, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 1-49 | NAME OF CEMETERY OR CREMATORY West Liberty | LOCATION (City, town, or county) Whitehall, Maryland (State)

DATE REC'D BY LOCAL REG. 10/14/49 | REGISTRAR'S SIGNATURE Henry Crusa

24. FUNERAL DIRECTOR Landon M. Brookes | ADDRESS

RECEIVED
OCT 20 1949
BUREAU U. S.

3 Transcripts

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08614

Reg. Dist. No. 31

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6927 Dogwood Road
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME**

John Elias Richarts

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of husband or wife: Elsie M. Richarts

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 13, 1872

**8. AGE:** Years: 77 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Millers Station Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: Builder

11. Industry or business

FATHER
12. Name: William Richarts
13. Birthplace: Unknown

MOTHER
14. Maiden name: Elizabeth Robstein
15. Birthplace: Unknown

16. Informant: Elsie M. Richarts

Address: 6927 Dogwood Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 6, 1949 (month) (day) (year)

Cemetery or crematory: Woodlawn

Location: Woodlawn Md.

18. Funeral director: Ensworth Armacost

Address: 5118 Gwynn Oak Ave.

19. 9/6/49 19 (Date rec'd by registrar) A W [illegible] Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: September 3 1949, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ....., to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death: Coronary Occlusion — DURATION: 3 hrs

Due to: Hypertension Cardio Vasc Disease

Due to: Generalized Arteriosclerosis

Other conditions: 420.1 93d
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Dr Thos T Abbott M. D. or other

Address: 4509 Liberty Heights Ave. Date signed: 9-6-49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08615

Reg. Dist. No. 38

1. PLACE OF DEATH COUNTY: BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 W. CHESAPEAKE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: BALTIMORE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): TOWSON
STREET ADDRESS (If rural, give location): 204 COURTLAND AVE.

3. NAME OF DECEASED (Type or Print): Wm (First) J (Middle) ROBINSON (Last)
4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 6, 1879
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM J. ROBINSON
14. MOTHER'S MAIDEN NAME: MARY HANDLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: RICHARD R. ROBINSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 443 | Immediate cause | (a) Congestive Heart Failure | 2 days |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) ¢ Pulmonary Edema | |
| | | (c) Hypertensive C-V disease | Unknown |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1949, to 9/20, 1949, that I last saw the deceased alive on 9/19, 1949, and that death occurred at 1.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jos. A. Sedlacek, M.D. ADDRESS: DATE SIGNED: 9/20/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 9-23-49
NAME OF CEMETERY OR CREMATORY: MT. MARIA
LOCATION (City, town, or county): TOWSON (State): MD.

DATE REC'D BY LOCAL REG.: 9/21/49
REGISTRAR'S SIGNATURE: A. W. Hedrich
24. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO. ADDRESS: 4905 YORK RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Sadelacke
200 W. Penna Cor. Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08616

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay — LENGTH OF STAY (in this place): 12-9-1946
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Relay~~ Baltimore 7.
STREET ADDRESS (If rural, give location): ~~Relay Sanitarium~~ 3605 Hillsdale Rd.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Kizziah | ---- | Rogers | Sept. | 5, | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. |
|---|---|---|---|---|---|---|
| Female | White | widow | 12-1-1861 | 87 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crosskeys, New Jersey
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Rammel
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Kandla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: J.K. Brigstocke- Trust Officer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — began — 9-1-49

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease — several yrs.

(c) ~~Generalized arteriosclerosis~~ — ~~several yrs.~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 9/1, 1949, to 9/5, 1949, that I last saw the deceased alive on 9/4, 1949, and that death occurred at 10:50A m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| George C. Gulean M.D. | 5204 BENSON AVE | 9/5/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 9/8/49 | Loudon Park Cem. | Balto., Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/7/49 | H.W. Heduck | WM. J. TICKNER & SONS | Balto., Md. |

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08617

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 Old North Point Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 322 Old North Point Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Roth
4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 16-1882
9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: anthony ankowiak
14. MOTHER'S MAIDEN NAME: Cecilia Feipher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Helen Szymanski 322 Old North Point Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

413 Immediate cause (a) Pulmonary oedema

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Failure Acute

(c) Cardio Vascular Hypertensive Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb-1, 1949, to Sept 13 1949, that I last saw the deceased alive on Sept 13, 1949, and that death occurred at 1.00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henrie J Jaworski M.D. 2711 Eastern Ave Sept 13, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 17-1949
NAME OF CEMETERY OR CREMATORY: St. Stanislaus
LOCATION (City, ~~town, or county~~) (State): Balto, Md.

DATE REC'D BY LOCAL REG.: 9-14-49
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm. S. Fialkowski ADDRESS: 2007 Eastern ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08618

Reg. Dist. No. 38

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road | STREET ADDRESS (If rural, give location) York Road |

3. NAME OF DECEASED (Type or Print) (First) CATHERINE (Middle) (Last) RUDIGIER

4. DATE OF DEATH (Month) Sept. (Day) 28, (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | If under 1 year Days | If under 24 hrs. Hours | If under 24 hrs. Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | Nov. 27, 1863 | 86 yrs. | — | — | — | — |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | At Home | Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John Schneider | Catherine Schneider |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| No | — | None | Albert Rudigier |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 442 | Immediate cause | (a) (b) Myocardial Failure from arteriosclerosis | 1 year |
| | Antecedent cause(s) | (b) (c) Cerebral Hemorrhage | 2 weeks |
| 131a | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Hypertensive Cardio Renal Vascular Disease | 15 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov, 1946, to Sept, 1949, that I last saw the deceased alive on Sept 28, 1949, and that death occurred at 8:00 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F O'Donnell MD — ADDRESS 7301 York Rd Towson — DATE SIGNED 9/30/49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | Oct. 1, 1949 | Mt. Maria Cemetery | Towson, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| Oct 1-1949 | W Carroll Van Horn Deputy Local | JOHN BURNS' SONS, TOWSON, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08619

# CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; LENGTH OF STAY (In this place) 30 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6737 PINE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; STREET ADDRESS (If rural, give location) 6737 PINE AVE.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JOSEPH | MATTHEW | SCHRIEFER | SEPT. | 18 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | DEC. 6, 1874 | 74 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| RETIRED SUPERINTENDANT. | COPPER REFINERY | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| (UNKNOWN) | UNKNOWN |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | NONE. | JOHN M. SCHRIEFER — SON |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) CORONARY THROMBOSIS | 1 WK. |
| 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) ARTERIOSCLEROTIC C.V. DISEASE | 1 YR. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Aug., 1948, to Sept. 18, 1949, that I last saw the deceased alive on Sept. 16, 1949, and that death occurred at 6:30 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Stephen C. Mackenzie Jr. | D. | 6714 Holabird Ave | 9/19/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| BURIAL | 21 SEPT. 1949 | OAK LAWN | EASTERN AVE. BALTO. 19 | MD |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9-20-49 | A. W. Kedrick | Walter Burke Bradley | 700 Willow Spring Road. Dundalk |

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

118620

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 8 mths.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 713 Cliveden Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.; STREET ADDRESS (If rural, give location) 2504 - 10th St., N. E.

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) Pace (Last) Scott

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 22, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Newbern, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Pace

14. MOTHER'S MAIDEN NAME: Stacy Strowm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ruth Dale Scott McBride

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 9 - 6 - 49

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Hypertension — ?

(c) Arterio Sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1949, to Sept. 13, 1949, that I last saw the deceased alive on Sept. 13, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE E. E. Nichols (Degree or title) MD ADDRESS Pikesville - 8, Md. DATE SIGNED 9 - 14 - 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 9 - 17 - 49; NAME OF CEMETERY OR CREMATORY Poplar Grove; LOCATION (City, town, or county) (State) Newbern, Tenn.

DATE REC'D BY LOCAL REG. 9/14/49; REGISTRAR'S SIGNATURE E. E. Nichols

24. FUNERAL DIRECTOR ADDRESS: Frank H. Newell, Pikesville-8, Md.

RECEIVED
SEP 16 1949
BUREAU V. S.

Evidence for addition of #1 & 4 shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08621

## CERTIFICATE OF DEATH

Reg. Dist. No. 45

FILM No. G 121 SEP 14 1949

1. PLACE OF DEATH — COUNTY: Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Box 305 Rt 16
STREET ADDRESS (If rural, give location): Back River Neck Rd.

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) M (Last) Sevier
4. DATE OF DEATH (Month) Sept. (Day) 2, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Jan. 15
9. AGE last birthday: 94 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Tolbat Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Sevier
14. MOTHER'S MAIDEN NAME: Emily A. Stark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT: Olen Sevier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Pulmonary Embolism — 12 hr.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerotic Cardiovascular Disease — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Chronic Ulcerative Colitis — 5 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Sept 2, 1949, that I last saw the deceased alive on Sept 1, 1949, and that death occurred at 3 34 P m., from the causes and on the date stated above.

SIGNATURE: Joseph Micili (Degree or title) MD — ADDRESS: 422 Eastern Ave Balto 21 Md — DATE SIGNED: 9/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9/6/49 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county): Balto Co (State): Md

DATE REC'D BY LOCAL REG.: 9/6/49 — REGISTRAR'S SIGNATURE: Henry Ausse — 24. FUNERAL DIRECTOR: J J Brzydzinski — ADDRESS: 1407 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1949
BUREAU V. S.

08622

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 2yr-2mo-26da | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Freeland |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital | STREET ADDRESS (If rural, give location): - |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Charles | (Middle) Richard | (Last) Shelley | 4. DATE OF DEATH | (Month) 9 - (Day) 22 - (Year) 1949 |
| 5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: 5-29-12 | 9. AGE last birthday: 37 yrs. | If under 1 year: Months 3, Days 24; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer | 10b. KIND OF BUSINESS OR INDUSTRY: farming | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME: Charles Shelley | 14. MOTHER'S MAIDEN NAME: Julia May Schoglkopa | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Hospital records, Catonsville-28, Md. | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 442 Immediate cause | (a) Cerebral hemorrhage | 10 hours |
| Antecedent cause(s) | | |
| 131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive cardiovascular-renal disease | indefinite |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Chronic glomerulo-nephritis | " |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 6-27, 1947, to 9-22, 1949, that I last saw the deceased alive on 9-22, 1949, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk (Degree or title) ADDRESS: Isadore Tuerk, M.D., Acting Superintendent, Catonsville-28, Maryland DATE SIGNED: 9-22-49

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept. 24, 1949 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county) (State): Freeland, Md. |
| DATE REC'D BY LOCAL REG.: 9-22-49 | REGISTRAR'S SIGNATURE: V. E. Harry | 24. FUNERAL DIRECTOR: Jacob Hartenstein, New Freedom, Pa | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1949
BUREAU V. S.

Evidence for addition of #4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08623

# CERTIFICATE OF DEATH

Reg. Dist. No. 37

File No. G 121 SEP -9 1949

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 34 S. Locust St

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Rebecca (Last) Shidneck

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jun 1 - 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas McCammon

14. MOTHER'S MAIDEN NAME: Amanda Worley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Laura M Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized Arteriasclerosis | 5 yrs |
| | (c) | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Sept 3, 1949, that I last saw the deceased alive on Sept 3, 1949, and that death occurred at 3 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter J. Kees M.D. Cockeysville Md 9/3/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9/8/49 | NAME OF CEMETERY OR CREMATORY Rose Hill | LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. Sept 5 /49 | REGISTRAR'S SIGNATURE Laura M. Schroder | 24. FUNERAL DIRECTOR Wm Cook ADDRESS St Paul & Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1949
BUREAU T. S.

Evidence for change of birthdate shown on Film G122 9/27/49 dm. Driver's License

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

08624

Reg. Dist. No. .....

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Rosemont (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: 2804 Tennessee Ave.

How long in hospital or institution? .....

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Rosemont (If outside city or town limits, write RURAL and give nearest town)

Street No.: 2804 Tennessee Ave. (If rural, give LOCATION)

2.(a) If veteran, name war .....

**3. (a) FULL NAME:** Edgar R. Shiloh

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of husband or wife: Margaret Shiloh

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 26, ~~1880~~ 1881

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| ~~69~~ 68 | 1 | 13 | ..... hrs. ..... min. |

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Baltimore Transit Co.

FATHER
12. Name: Eugene Shiloh
13. Birthplace

MOTHER
14. Maiden name: Rebecca ----
15. Birthplace

16. Informant: Mr. Raleigh Shiloh

Address: 4431 Allen Drive

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/12/49 (month) (day) (year)

Cemetery or crematory: Loudon Pk.

Location: 3801 Frederick Rd.

19. Funeral director: Harry H. Mitzke

Address: 4101 Edmondson Ave.

19. 9/9 19 49 (Date rec'd by registrar) A. W. Frederick Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/9/49 19..... at 7 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/2 19 48, to 9/9 1949 and that I last saw him alive on 9/9 1949

Immediate cause of death: Carcinoma of rectum ~~[illegible]~~ — DURATION: 1 yr

Due to .....

Due to .....

Other conditions: 154 46d (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Benjamin Miller M. D. or other

Address: 2030 Wilkens Ave Date signed: 9/9/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08625

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friskie Ave Glyndon

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural, give location) Friskie Avenue

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Herman (Last) Shipley

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: July 20 1892

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reuben Frey Shipley

14. MOTHER'S MAIDEN NAME: Mary L Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-01-0665

17. INFORMANT: Ellen K. Shipley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 Immediate cause (a) Terminal Pneumonia — Interval Between Onset and Death: 24 hrs

Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the head of the Pancreas — 7 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 15 years

19a. DATE OF OPERATION: February 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of Pancreas

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1949, to 9/10, 1949, that I last saw the deceased alive on 9/10, 1949, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Martin E. Strobel | M.D. | Reisterstown, Md. | Sept. 11, 1949 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 9-14-49 | Druid Ridge Cemetery | Pikesville Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9-12-49 | Mary B. Sline. | Wm Berryman & Sons | Reisterstown Md |

RECEIVED
SEP 14 1949
BUREAU V. R.

08626

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 45

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wash |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 208 Days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md. | STREET ADDRESS (If rural, give location) 305 F. Memorial Blvd. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) WILLIAM | (Middle) T. | (Last) SHOWE | 4. DATE OF DEATH | (Month) Sept. 6, (Day) (Year) 49 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 7-11-12 | 9. AGE last birthday 37 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Foreman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Victor Showe | 14. MOTHER'S MAIDEN NAME Rose V. Miller | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-2 | 16. SOCIAL SECURITY No. 214-09-2559 | 17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

010 **Immediate cause** (a) Tuberculous Meningitis — 6 Months

**Antecedent cause(s)**

14 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 2-10-, 1949, to 9-6-, 1949, that I last saw the deceased alive on 9-6-, 1949, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H.C. MANAUGH, M.D. Chief Pro. Services | | VAH, Ft. Howard, Md. | 9-6-49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE Sept. 7, 1949 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Hagerstown, Md. |
| DATE REC'D BY LOCAL REG. 9/6/49 | REGISTRAR'S SIGNATURE Henry Crusse | 24. FUNERAL DIRECTOR Mildred E Blight | ADDRESS Howard Blight Funeral Home, Balto., Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 15 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08627

Reg. Dist. No. 32

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Mt. Washington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Mt. Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1202 Fairfield Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war: No

**3.(a) FULL NAME:** John Smith

**3.(b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of husband or wife: Betty Smith

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 15, 1873

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 76 | 6 | 6 | hrs. min. |

9. Birthplace: Poland
(Town, county, and state)

10. Usual occupation: Coal Miner

11. Industry or business: Retired 25 years

FATHER
12. Name: John Smith
13. Birthplace: Poland

MOTHER
14. Maiden name: Elizabeth Lepkenski
15. Birthplace: Poland

16. Informant: Mrs. Anna Reese

Address: 1202 Fairfield Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 24, 1949 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville, Md.

18. Funeral director: Burgee Funeral Home

Address: 3631 Falls Road, Baltimore 11

19. 9-23-1949 (Date rec'd by registrar) Dr E E Nichols M.D. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: September 21, 1949, at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1949 to Sept 21 1949 and that I last saw him alive on Sept. 21 1949

| Immediate cause of death | DURATION |
|---|---|
| Chronic Myocarditis | 3 mons. |
| Due to: Ca. of Mediastinum | 6 mons. |
| Due to: | |
| Other conditions | |

164
47f
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James A. Miller M.D. M. D. or other

Address: Pikesville, Md. Date signed: 9/23/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-1

RECEIVED
SEP 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles St., Baltimore

08628

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
114 Oak Drive

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 16 S. Payson St.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME: Clarence F. Stoner

3.(b) Social Security Number: 220 09 8817

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Grace Ridgeway Stoner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 28, 1888

8. AGE: Years 61 Months 7 Days 22 If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Louis Miller & Co.

FATHER
12. Name: Stoner
13. Birthplace: ---

MOTHER
14. Maiden name: ----
15. Birthplace: - ----

16. Informant: Mrs. Grace Stoner, (Wife)
Address: 16 S. Payson St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 23/49 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: 2930 Frederick Ave.

18. Funeral director: Harry H. Nitzke
Address: 4101 Edmondson Ave.

19. 9/22 19 49 (Date rec'd by registrar) A. W. Hedrick Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 20/49 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 1949 to Sept 21 1949 and that I last saw him alive on Sept 20 1949

Immediate cause of death: Respiratory failure

Due to: Hypertensive cardio-vascular disease

Due to: Chronic Glomerular Nephritis

Other conditions: 592 131b (Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: William J. Boyson M.D. M. D. or other

Address: 4617 Old Frederick Rd. Date signed: 22 Sept 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08629

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton
LENGTH OF STAY (in this place) 58 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middletown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton
STREET ADDRESS (If rural, give location) Middletown Road

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) Arabella (Last) Leese Talbott
4. DATE OF DEATH (Month) September (Day) 4 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5 April 1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Kirkwood Shops - Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Leese
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. NONE
17. INFORMANT John Talbott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 331 | Immediate cause | (a) Cerebral Vascular Accident | 3 days |
| 83a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis c̄ hypertension | 20 yrs. |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis — 4 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Sept., 1949, to 4 Sept., 1949, that I last saw the deceased alive on 4 Sept., 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Walter T. Kees (Degree or title) ADDRESS Cockeysville DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 7, 1949
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) York (State) Penna.

DATE REC'D BY LOCAL REG. Sept 6 1949
REGISTRAR'S SIGNATURE Chester L. Fulton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08630

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 5yr-6mo-2dda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Omen Hill
STREET ADDRESS? (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) M. (Last) Thompson
4. DATE OF DEATH: (Month) September (Day) 6 (Year) 19 49
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 4-7-1869
9. AGE last birthday: 80 yrs. If under 1 year: Months 4 Days 30 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John A. Thompson
14. MOTHER'S MAIDEN NAME: Elizabeth Sutton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Congestive heart failure — 24 hours

Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 19 44 to 9-6, 1949, that I last saw the deceased alive on 9-6, 19 49, and that death occurred at 3:45 p.m. m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Md. 9-6-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept. 9-1949 | NAME OF CEMETERY OR CREMATORY: St. Barnabas | LOCATION (City, town, or county) (State): Oxon Hill-Prince Geo. Md.

DATE REC'D BY LOCAL REG.: Sept. 7-1949 | REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR ADDRESS: Simmons Bros. Funeral Home 2007 Nichols Ave. S E Washington 20.

RECEIVED
SEP 9 1949
BUREAU V. S.

08631

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: a.a. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 28 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp. | STREET ADDRESS (If rural, give location): |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): IRVING F. TURNER | 4. DATE OF DEATH (Month) (Day) (Year): September 1 1949 |
| 5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 1/23/00 — 9. AGE last birthday: 49 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Gambrills, Md. — 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME: James F. Turner | 14. MOTHER'S MAIDEN NAME: Wilhelmina Biggs |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWII — 16. SOCIAL SECURITY NO.: 212-30-1804 | 17. INFORMANT AND ADDRESS: Clinical Records, Vet.AdmHosp.Ft.Howard,Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 Immediate cause (a) CIRRHOSIS OF LIVER — 2 yrs

Antecedent cause(s)

124 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | |
|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION |
| 20. AUTOPSY? Yes ☑ No ☐ | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Aug. 4, 1949, to Sept. 1, 1949, that I last saw the deceased alive on Sept. 1, 1949, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Manaugh
H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 9/2/49

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept. 6, 1949 | NAME OF CEMETERY OR CREMATORY: Balto. Nat. Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md. |
| DATE REC'D BY LOCAL REG.: 9/6/49 | REGISTRAR'S SIGNATURE: L. J. D'Alba | 24. FUNERAL DIRECTOR: Thomas Singleton | ADDRESS: Glen Burnie, Md. |

Sept 7-49 Dawson L. Farber Thomas W. Singleton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08632

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison; LENGTH OF STAY (in this place) Passing thru; HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — ~~COUNTY~~ Balto City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.; STREET ADDRESS (If rural, give location) 1032 N. Sterling St. Balto 5

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| GEO. | CORNELIUS | WALKER | Sept | 10 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male. | Colored. | Widowed | Sept. 27, 1893 | 56 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Boring, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Walker
14. MOTHER'S MAIDEN NAME Annie Lewis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 218 03 5329
17. INFORMANT Annie Thompson — Glyndon, Md

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Compound Comminuted Fractured Skull | Instant |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

812.5
170c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Garrison (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 10 '49 6:37 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Struck by trucks while crossing road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A. D. Caples Med. Exam. | M.D. | Reisterstown, Md. | 9-11-'49. |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 13, 1949 | Piney Grove | Baltimore Co. Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9-12-49 | Mary B. Eline. | J.F. Eline & Sons | Reisterstown, Md. |

VS. A15A

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08633

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 4 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount de Sales

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; STREET ADDRESS (If rural give location) Mount de Sales

3. NAME OF DECEASED (Type or Print): (First) SISTER (Middle) MARY GENEVIEVE (Last) WALPOLE

4. DATE OF DEATH: (Month) Sept. (Day) 19th, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 19, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months 6, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Co. Leitrim Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Walpole

14. MOTHER'S MAIDEN NAME: Mary Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Sister Mary Michaella

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Coronary Thrombosis. | 3 hrs. |
| 94a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension - | 30 yr. |
| | | (c) Arteriosclerosis. | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1949, to Sept 19, 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE: Chas. Martin Jr. (Degree or title) M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept 21/49 | NAME OF CEMETERY OR CREMATORY: Mt de Sales | LOCATION (City, town, or county) (State): Edmondson Ave. Catonsville Md.

DATE REC'D BY LOCAL REG.: 9-21-49 | REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR: Easton Sons | ADDRESS: Catonsville Md.

RECEIVED
SEP 22 1949
BUREAU V. R

Evidence for change of birth date shown on:

FILM No. G 122 SEP 28 1949

08634

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1137 H Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 1137 H Street

3. NAME OF DECEASED (Type or Print) (First) Leda (Middle) Mae (Last) Wells

4. DATE OF DEATH (Month) SEPT. (Day) 18 (Year) 1949

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Aug. 27, 1888
9. AGE last birthday 57 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Adison Adams
14. MOTHER'S MAIDEN NAME Mollie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edwin C. Wells

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.0 | Immediate cause | (a) Cong. Heart Failure | 1 hr. |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Art. Sclerotic Ht. Dis | ? |
| | | (c) Upper Resp. Dis | 48 hrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to Sept 20 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 9 15 p.m., from the causes and on the date stated above.

SIGNATURE R. Windsor (Degree or title) M.D. ADDRESS 520 D St. Sparrows Pt 19 DATE SIGNED 9-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 22 1949
NAME OF CEMETERY OR CREMATORY Belair Burial Park
LOCATION (City, town, or county) Belair, (State) Md.

DATE REC'D BY LOCAL REG. 9/21/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08635

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (in this place) 10 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural give location) 121 Hanover Road |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) B. (Last) West | | | | 4. DATE OF DEATH (Month) Sept. (Day) 28, (Year) 1949 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 4, 1884 | 9. AGE last birthday 65 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Baltimore City | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Charles Little | | | 14. MOTHER'S MAIDEN NAME Susan Blosser | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Arthur West | | |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 422.1 Immediate cause | (a) Cerebral Embolism | 2 hrs |
| 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic C.V. Disease with Fibrillation | 6 mo. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from March, 1949, to Sept. 28, 1949, that I last saw the deceased alive on Sept. 26, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Martin E. Strobel | M.D. | Reisterstown, Md. | 9/29/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct. 1, 1949 | NAME OF CEMETERY OR CREMATORY Louden Park Cemetery | LOCATION (City, town, or county) (State) Baltimore City, Md. |
| DATE REC'D BY LOCAL REG. 9-30-49 | REGISTRAR'S SIGNATURE Mary B. Eline | 24. FUNERAL DIRECTOR J.F. Eline & Sons, Reisterstown, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08636

# CERTIFICATE OF DEATH

Reg. Dist. No. 3-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite; LENGTH OF STAY (in this place) 10 years; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite; STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) White

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 27 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Thomas R. Bond

14. MOTHER'S MAIDEN NAME: Annie C. Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Susie Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 4 days

331

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a

(b) Arteriosclerosis + hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16/, 1949, to 9/20/, 1949, that I last saw the deceased alive on 9/20/, 1949, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin (Degree or title): M. D. ADDRESS: Randallstown DATE SIGNED: Md 9/22/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 9-23-49; NAME OF CEMETERY OR CREMATORY: St Alphonsus; LOCATION (City, town, or county) (State): Woodstock, Bal. Co. Md.

DATE REC'D BY LOCAL REG. 9/22/49; REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: C. Harry Weir ADDRESS: Sykesville, Md

RECEIVED
SEP 26 1949
BUREAU V. S.

08637

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Graymanor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2509 Woodwill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Graymanor
STREET ADDRESS (If rural, give location) 2509 Woodwill Rd.

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) (Last) Wojtowicz

4. DATE OF DEATH (Month) (Day) (Year) Sept 24 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 11 - 1878
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Wojtowicz
14. MOTHER'S MAIDEN NAME Anna Stelmach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Caroline Wojtowicz 2509 Woodwill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency

350 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

93d (c) Parkinsonian Syndrome

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1949, to Sept. 24, 1949, that I last saw the deceased alive on Sept 22, 1949, and that death occurred at 6 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Andrew Kurkowski M.D.
ADDRESS 2529 Eastern Ave.
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 27-1949
NAME OF CEMETERY OR CREMATORY St. Stanislaus
LOCATION (City, town, or county) (State) Balto. City

DATE REC'D BY LOCAL REG. 9/26/49
REGISTRAR'S SIGNATURE AW Hedrick Dm
24. FUNERAL DIRECTOR Wm. S. Fialkowski
ADDRESS 2007 Eastern ave

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15